



ENROLLMENT INFORMATION FORM (2020-21)

Start Date: _____

Child's Name: _____
Last First

Child's: Age (Sept 1) _____ Gender _____ DOB ____/____/____

Mother's Information: Name: _____
Last First

Phone: Home: _____ Business: _____ Cell: _____

Address: _____ City: _____ Zip: _____

Email: _____

Father's Information: Name: _____
Last First

Phone: Home: _____ Business: _____ Cell: _____

Address: _____ City: _____ Zip: _____

Email: _____

I give permission for my child's name to be included in the class list: Yes _____ No _____

I acknowledge receiving an emailed copy of the ACEC Handbook: Yes _____

Are you a member of AUMC? Yes _____ No _____ If not, please indicate the name of your family place of worship: _____

How did you hear about us? _____



Program Choices:

Toddlers: _____ 2 Day (T/Th) _____ 3 Day (T/W/Th)

Twos: _____ 2 Day (T/Th) _____ 3 Day (T/W/Th) _____ 4 Day and/or _____ 5 Day (Only 2 1/2 – 35 months)

Threes: _____ 2 Day (T/Th) _____ 3 Day (T/W/Th) _____ 4 Day _____ 5 Day

Pre-K: _____ 3 Day (T/W/Th) _____ 4 Day (M-Th) _____ 5 Day

***Please refer to the tuition sheet for fees.**



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Please contact the following person in an emergency situation.

Parents are called first, if not available, we use the emergency contact. Child may be released to this person.

1. Name _____ Relationship to Child _____
Address _____ Phone _____

My child may also be released to the following persons:

2. Name _____ Phone _____ Relationship to Child _____
3. Name _____ Phone _____ Relationship to Child _____
4. Name _____ Phone _____ Relationship to Child _____
5. Name _____ Phone _____ Relationship to Child _____

STATEMENT OF AGREEMENT (please initial)

- ____ I understand that tuition and fees are calculated on ACEC's school calendar year.
____ I understand that payments are divided into nine monthly payments.
____ I understand that Tuition, Supply/Activity, Registration, & Enrichment Class fees are non-refundable.
____ I understand that May's pre-paid tuition is due by July 31st of the current year.
____ I will give 2 weeks written notice before leaving the program or I will forfeit the pre-paid May tuition.

Ashford Child Enrichment Center/Parent Agreement

I, _____, agree that Ashford Child Enrichment Center will care for (child's name) _____ beginning September 2020. I will pay a monthly tuition of _____ due by the 5th of each month. If this fee is not paid by that day, a late fee of \$25.00 will be added to the monthly fee. Failure to pay said fees can result in the child being dismissed from ACEC.

My child will be in the following ACEC program between the hours of:

Mother's Day Out: ___ 9:00AM-2:00PM ___ 2 Days ___ 3 Days ___ 4 Days ___ 5 Days

I must give 2 weeks written notice prior to withdrawing my child from the program and be current with all fees, before March 1st, to be eligible to receive a refund of my pre-paid May's tuition.

Parent signature

Date

ACEC signature

Date