



ENROLLMENT INFORMATION FORM (2024-25)

Child's Name: _____
Last First

Child's: Age (as of 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) or (M/W/F) _____ 4 Day and/or _____ 5 Day

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.**



ENROLLMENT INFORMATION FORM (2024-25)

Emergency contacts that are NOT parents:

After trying to reach you, your child may be released to the following people in an emergency situation, in the below order.

1. Name _____ Relationship to Child _____
Address _____ Phone _____
2. Name _____ Phone _____ Relationship to Child _____
3. Name _____ Phone _____ Relationship to Child _____
4. Name _____ Phone _____ Relationship to Child _____

STATEMENT OF AGREEMENT (please initial)

- ____ I understand that tuition and fees are calculated on ACEC’s school calendar year. The tuition is divided into nine monthly payments and each month’s payment is due by the 5th.
- ____ I understand that Registration, Tuition, Supply/Activity & Enrichment Class fees are non-refundable.
- ____ I understand that May’s tuition is pre-paid and due by August 14th before school starts in September 2024. May pre-paid tuition will be forfeited if we withdraw after February 28th.
- ____ I will give 2 weeks written notice before leaving the program.
- ____ To be eligible to receive a refund of my pre-paid May’s tuition, I must give a 2 weeks written notice, be current with all Fees/tuition and withdraw my child from ACEC before March 1st,

Ashford Child Enrichment Center/Parent Agreement

I, _____, agree that Ashford Child Enrichment Center will care for (child’s name) _____ beginning September 2024. 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

Parent signature

Date

ACEC signature

Date