

ENROLLMENT INFORMATION FORM (2025-26)

Child's Name:		
	Last	First
Child's: Age (as of Sept 1)	Gender DOB/	/
Mother's: Name:		
	Last	First
Phone: Home: Business:		Cell:
Email:		
Father's: Name:		
	Last	First
Phone: Home:	Business:	Cell:
Email:		
Home Address:	City:	Zip:
Secondary Address:	Citv:	Zip:
I give permission for my child's nam	be to be included in the class list:	Ves No
• •		
I acknowledge I will receive an ema Are you a member of AUMC? Yes _ worship:	No If not, please ind	icate the name of your family place of
How did you hear about us?		
Program Choices:		
<i>Toddlers:</i> 2 Day (<i>T/Th</i>)3	Day (<i>T/W/Th</i>)4 Day 5	Day
<i>Twos:</i> 2 Day (<i>T</i> / <i>Th</i>) 3	Day (<i>T/W/Th</i>)4 Day3	5 Day
<i>Threes:</i> 2 Day (<i>T</i> / <i>Th</i>)	3 Day (<i>T/W/Th</i>)4 Day	5 Day
<i>Pre-K:</i> 3 Day (<i>T/W/Th</i>)	4 Day (<i>M-Th</i>) 5 Day	
AND		
MorningAfternoon	All Day	
*Please refer to the tuition sheet f		



Emergency contacts that are <u>NOT parents</u>:

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, Snack & Supply/Activity & Enrichment fees are non- refundable.

- I understand that May's tuition is pre-paid and due by August 13, 2025 before school starts in September 2025. May pre-paid tuition will be forfeited if we withdraw after February 28th.
- 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.
- _____ I will give 2 weeks written notice before leaving the program.

Ashford Child Enrichment Center/Parent Agreement

I, ______, agree that Ashford Child Enrichment Center will care for (child's name) _______beginning September 2025. 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:

_____School Day 9:00AM-2:00PM _____Morning 7-9AM _____Afternoon 2-5:30PM ____All Day 7AM-5:30PM ____2 Days ____3 Days ____4 Days ____5 Days

Parent signature

Date

ACEC signature

Date