

Office use:  
Reg fee \_\_\_\_\_  
Deposit \_\_\_\_\_

### **Enrollment Agreement**

Start date \_\_\_\_\_

Child's Name \_\_\_\_\_  
                              First                                          Middle                                          Last                                          Nickname

Date of Birth: \_\_\_\_\_  
                          Month        Date        Year

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone number: \_\_\_\_\_

Please list approximate times:

Arrival          Mon:\_\_\_\_\_  Tues:\_\_\_\_\_  Wed:\_\_\_\_\_  Thurs:\_\_\_\_\_  Fri\_\_\_\_\_  
Pick Up         Mon:\_\_\_\_\_  Tues:\_\_\_\_\_  Wed:\_\_\_\_\_  Thurs:\_\_\_\_\_  Fri\_\_\_\_\_

#### **Parent/Guardian Information:**

Parent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Employer & Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_  
-----

Parent Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Employer & Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

By returning this form with the registration fee, I understand that I am enrolling my child in Hilltop Early Learning Center, Inc. I agree to abide by the policies and conditions stated in the Family Guide and Tuition and Fees Schedule.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_