

Registration Request

For Office Use Only: Date Received:				
Room:				
Priority #:				

Please fill in or circle all pertinent information

Child's Name:	N	ickname:	Male Female	
Birthday:				
Parent(s) Name(s):				
Address:				
Contact Phone Number:				
Contact email:				
Requested start date:		(Canvas needs a	minimum of two weeks' notice before your ch	ild begins)
How did you hear about us?	• • •	Radio Online Search	Referred by:Other:	
What schedule are yo	ou seeking for your child? Mark all th	nat	Enrollment Fees	
Full Day Half day*	After school Monday Tuesday Wednesday Thursday Friday	Materials Fo	n Fee: \$50 ee: \$50 rials fee will be charged upon enrollment in the regular trimester schedule)	
*For Half day indicateDrop In Member	e AM (7:45-12) or PM (12:15-5:15)		os do not pay for fees unless specifically noted in the Fees are the responsibility of the parent.	

Monthly Tuition Rates

	Infant - Toddlers		2-3 Year olds		4-5 Year Olds		After School	Drop-In Membership	
	Full Day	Half Day	Full Day	Half Day	Full Day	Half Day	3:30-5:30	as available	
4-5 Days/wk 3 days 2 days	\$800 \$600 \$400	\$500 \$375 \$250	\$725 \$545 \$365	\$455 \$345 \$230	\$675 \$510 \$340	\$425 \$325 \$215	\$195 \$145 \$100	family membership 0-23 months 2-3 years 4+ years	\$25 \$10/hr \$9/hr \$8/hr

Waitlist Priorities: Our general waitlist is based on first-come-first-serve. However, waitlist for fall recognizes returning families as a priority until August 1st. After August 1st, all families are considered on a first-come-first-serve basis for available openings.

Email this form to: aaron.canvaselc@gmail.com or bring in to the Center at 512 ½ North Washington OR 434 Poindexter St. A welcome email will be sent to you as well as any additional information to enroll your child. Please note that this form is for our waitlist only and does not reserve a space for your child.