



ngel

Accents

Registration

FOR KINDERGARTEN

PRE-K – 4'S – 3'S

Child's Name _____

Parent's Name _____

Address _____

Phone Numbers _____

Cell _____

- Afternoon Session 12:30 – 2:30pm
- Morning Session 9:30 – 11:30 am
- Full Day Session 9:30 am – 2:30 am
- 5 Day Sessions Monday through Friday
- Other _____
- \$50.00 non-refundable registration fee due with this application. Make check payable to:
Angel Accents Preschool and Daycare, LLC

This class is limited to 10 children per session per day
Please pay by the first of each month. First payment is due August 1st.

Before and after school care is offered. Our School opens its doors at 7am and closes at 6pm. We will be open all teacher in service days and winter and spring breaks. Special Curriculum will be planned for those days.

I will need to drop my child off at _____ am/pm

I will pick up my child at _____ pm.

Morning classes begin promptly at 9:30 am and ends at 11:30 am

Afternoon classes begin promptly at 12:30 pm and ends promptly at 2:30 pm

Parents Signature _____

Administrators Signature _____

\$ _____	Session	\$ _____	before school
\$ _____	After school	\$ _____	registration
Check amount \$ _____	check # _____		