



ACADEMY OF EXCELLENCE
-PRESCHOOL-

APPLICATION FOR ENROLLMENT

ENROLLMENT DATE	PROGRAM	HOW DID YOU HEAR ABOUT US?
	AM ___ FULL DAY ___ EXTENDED ___	

CHILD'S INFORMATION

CHILD'S FIRST NAME	CHILD'S LAST NAME	CHILD'S NICKNAME
CHILD'S DATE OF BIRTH	CHILD'S SEX	ALLERGIES
	Male _____ Female _____	

PARENT INFORMATION

MOTHER/GUARDIAN NAME	MOTHER/GUARDIAN CELL PHONE	MOTHER/GUARDIAN EMAIL
FATHER/GUARDIAN NAME	FATHER/GUARDIAN CELL PHONE	FATHER/GUARDIAN EMAIL

HOME ADDRESS

HOME ADDRESS		

MOTHER/GUARDIAN EMPLOYER	POSITION	WORK PHONE
FATHER/GUARDIAN EMPLOYER	POSITION	WORK PHONE

DATE APPLICATION RECEIVED	NON-REFUNDABLE APPLICATION FEE (\$100) RECEIVED/OFFICE SIGNATURE	PARENT SIGNATURE Please keep a copy for your record
	YES _____ NO _____	

Tuition and associated enrollment fees will be tendered to the School via Transax Gateway by Life Cubby. Details on registering for Life Cubby will be available upon signing of the school year contract. Alternative payment methods may be offered solely at the school's discretion.