



Enrollment Form

Thank you for your interest in Vineyard Children's Center. To begin the process of enrolling, please complete the following:

1. Complete and submit this form and a non-refundable Registration Fee of \$100.00 (make check out to *Vineyard Children's Center*) to the center Director.

Upon receipt of the Registration Fee and this form, your spot will be reserved.

2. Prior to your child's first day, complete and submit the following:

- *Child Information Record* • *Family Questionnaire*
- *First monthly tuition payment* • *Parent Permissions*
- *Parent's Acknowledgement of Licensing Notebook Notification* • *Immunization Record*
- *Health Appraisal (completed and signed by a physician).* – within 30 days of start date

Child's Full Legal Name	Child's Date of Birth
Primary Parent/Guardian Name	Additional Parent/Guardian Name
Primary Parent/Guardian Living Address	Additional Parent/Guardian Living Address (if different)
Primary Phone Number	Additional Phone Number
Primary Email Address	Additional Email Address

Expected First Day at Vineyard Children's Center _____

Expected Attendance Schedule

Please choose **AM** (7:00AM-12:30PM) **PM** (12:30PM-6:00PM) **FULL** (7:00AM-6:00PM)

Monday	Tuesday	Wednesday	Thursday	Friday