

**The Early Enrichment Center
Preschool Classroom Application
2012-13 School Year Session**

Child's Name: _____

Date of Birth: _____ Sex: Male Female

Parent(s) Name(s): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Home E-mail: _____ Work E-mail: _____

Please indicate your enrollment preference by checking the appropriate session below:

- TWO DAYS (Tuesday/Thursday 7:30 a.m. to 5:30 p.m.)**
- THREE DAYS (Monday/Wednesday/Friday 7:30 a.m. to 5:30 p.m.)**
- FIVE DAYS (Monday–Friday 7:30 a.m. to 5:30 p.m.)**

Comments: _____

Once applications have been processed, an acceptance contact or wait list letter will be mailed to all applicants. Applicants accepting enrollment spaces must reserve their spaces by returning the signed acceptance contract, completed automatic payment forms, and, when applicable, by paying a non-refundable tuition deposit by the due date specified in the acceptance letter.

The EEC bills by a “flat weekly billing” system. Families will be billed the same weekly tuition rate each week of the school year session, regardless of any closures (e.g., holidays, family vacation, teacher preparation days, etc.).

If you have any questions regarding enrollment, please contact Brenda LaFratta, Director, at 224-3282 or teacheec@comcast.net

Parent Signature: _____

Date: _____