



Enrollment Application

PASADENA, CA

Date of Application: _____

Child's First/Last Name: _____ Preferred Name/Nickname: _____

Date of Birth: _____ Age: _____ Gender: F M

Parent/Guardian First/Last Name: 1) _____ Email: _____

Home #: _____ Cell #: _____ Work #: _____

Address: _____

Parent/Guardian First/Last Name: 2) _____ Email: _____

Home #: _____ Cell #: _____ Work #: _____

Address: _____

CHALK Preschool accepts applications year round. Admission is based on application date and flexibility of requested days. This is a year round program, please check then circle your preference

HALF DAY

Half Day Morning 8:30 am - 12:00 pm

Two days

Three days

Five days

circle choice of days: M T W TH F

FULL DAY

Full Day 7:30 am - 5:30 pm

Two days

Three days

Five days

circle choice of days: M T W TH F

Requested start date (based on availability): _____

Comments on flexibility of days (this is a great opportunity to let us know just how flexible you can be): _____

Signature of Parent/Guardian: _____

Please enclose a check or money order made out to CHALK Preschool for the Registration Fee of **\$250** when submitting this application form. Please send to location: **700 E. Green St
Pasadena, CA 91101**

By signing this enrollment application, the Parent/Guardian above understands and accepts the following policies:

The registration fee is non-refundable and non-transferable if the child is accepted into the program.

The first month's tuition is due within two weeks of the time a spot is offered, it is non-refundable and non-transferable.

For office use only:

ENROLLMENT VERIFICATION

Date Enrollment Application received: _____ Received by: _____

Check/Money Order #: _____ Name on Check/Money Order: _____ Cash: _____

Received by mail: _____ Courtesy Receipt Call Date: _____

Received in person: _____ Paperwork/Backpack/T-shirt given: yes: ___ no: ___

First month's tuition received: yes: ___ no: ___ Amount: _____ Date: _____

Completed paperwork received: _____