

Courtyard After School Registration Form

| Child's Name: | | | | |
|---|---|---|------------|-----------------|
| Date of Birth: | /// | | | |
| Parent Names: | | | | |
| Home Address: | | | | |
| Parent 1 Number: | () | | | |
| Parent 2 Number: | () | | | |
| Parent 1 Email Address: | @_ | | | |
| Parent 2 Email Address: | @_ | | | |
| Elementary School: | | | | |
| Grade Child Is In Fall 2025: | | | | |
| Weekly Tuition: | \$100 each Monday | | | |
| \$200.00 will be held in a de Parents are required to en Enrollment Packet from the By registering your child in needed transportation. | gistration Fee charged the first week of care posit account and will be reserved to pay sure that the Enrollment File is turned in by a office. the Courtyard After School program, you confirming your intentions to enro | towards the fin 7/31/2025. Re are authoring | quest a ho | ard copy of the |
| understand your deposit is no | on-retunadole. | | | |
| Signature | | Date | / | / |
| | | | | |
| Office Only O Enrollment Plan O Changes Plan | | | | |
| O Enrollment Packet Given | | | | |