2018-2019
Pre-Enrollment

□ Hartford □ Claremont □ Extended Day
□HASP □ DBS □ OQS
Kid's Connection □ Disnard □ Maple □ Bluff

For Office Use Only:
Form Received: _____
Payment Received: _____
Class Assigned to: _____

CHILD INFORMATION

_____ _____M _____F _____/_____/_____ _____/_____/_____
Child's Name Sex Date of Birth **Anticipated Start Date**

Check Appropriate Group Room:

□ Infant One □ Infant Two □ Early Pre □ Pre School 1 □ Pre School 2 □ Pre School 3 □ Pre K
□ DBS One □ DBS Two □ OQS One □ OQS Two - □ Disnard □ Maple □ Bluff

FAMILY INFORMATION

Parent/Guardian #1

Name

Address

(_____) _____
Phone

(_____) _____
Alternate Phone

Email Address

Relationship To Child

Parent/Guardian #2

Name

Address

(_____) _____
Phone

(_____) _____
Alternate Phone

Email Address

Relationship To Child

BILLING INFORMATION

I prefer to be billed: _____ Weekly _____ Bi-Weekly (starting date____) _____ Monthly
I prefer to pay via: _____ ACH Debit_____ Check ($2/month fee for check payment)

DEPOSIT & REGISTRATION FEE

One Week Deposit $_____ (Refundable through Tuition Only)

Registration Fee $25.00 (Non-Refundable)

Total Due upon Pre-Enrollment: $_____

We require a non-refundable registration fee and a one week, refundable deposit through tuition to confirm your child's enrollment. Two weeks' notice is needed for scheduling changes or withdrawal from the program. If two weeks' notice is not provided, there is an outstanding balance on your account or if you decide to not enroll your child in the program, the refundable deposit will not be returned to you.

PARENT/GUARDIAN SIGNATURE

_____

Parent/Guardian Signature Date

Please return completed form with payment for confirmation of child care arrangements.

Green Mountain Children's Center

92 Farm Vu Drive
White River Junction, VT 05001
p: 802.296.2296 f: 802.296.3117

90 Charlestown Road
Claremont, NH 03743
p: 603.543.0391 f: 603.543.6734

www.gmccvt.org