



ALEPH-BET CHILD LIFE ENRICHMENT PROGRAM INC.

Nursery Program

PARENT INFORMATION FORM FOR ENROLLMENT

Full Name of Parent/Guardian	Daytime Number (Cell/Work #)	Home Phone

Child/ren's Full Name	Birthdate	School (if applicable)

Street Address	Postal Code

EMAIL Address	Start Date

INITIAL PAYMENT (Office Use Only)	
Refundable Deposit (\$120.00)	
Registration Fee (\$25.00)	
Fob Deposit \$ <u>20.00</u> x <u> </u>	
Dep. Fee # of Fobs	
Fees \$ <u>10.40</u> x <u> </u>	
Daily Fee # of Days	
Donation (\$12.50/Quarter)	
Sunscreen & Mosquito Repellant (\$7.50)	
TOTAL	