ate of Enrollment:	
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## 2022/2023 Application Form / Accounting Enrollment Form

\*Applications are accepted on a first-come, first-serve basis.\*

Child's Name: (1)	Date of Birth:
Nickname:	
Program:	
Child's Name: (2)	Date of Birth:
Parent's Name: (1)	
Mailing Address:	
	_ State: Zip:
Email Address:	
Parent's Name (2)	
Mailing Address:	
	_ State:Zip:
	:Cell Phone:
Email Address:	
	tact information shared on the class roster? Yes No
Request Start Date: Registra	ation fee (\$125 / child): PAID Date:
Paying Tuition (please check one): Bi-Wee	zkly Monthly
Full Day Rates: *2K Tuition \$255/week *3K & 4K \$	·
*How did you hear about us? (Please circle one): W	'ebsite/Social Media Drive By Print Ads Radio
Word of Mouth/Referral - Referring Family:	
*This above must be completed at the time of enro	rollment for the referring family to receive credit.
*Did you come from another facility? If yes	s, which one?
*Does your child have any behavior challenges? If so	o, please explain:
*Are there any specific sensory needs your child has	F? If yes, what steps are being taken to help your
child?	
*If there are sensory needs present, Lowcountry Lea	· · · · · · · · · · · · · · · · · · ·
,	bmitted completely filled out (no blanks throughout the application)
	m 2900, DSS regulations & Policies, Release of Children/ Authorized
Pick up, Key Fob Agreement & Parent Handbook Agreement	——————————————————————————————————————
*Your child must be fully potty trained to enroll in the 3K of FOR OFFICE USE ONLY: (1) \$Amount for Ch	•
10% discount for 2 <sup>nd</sup> child. Total tuition (1)	