



Please select your preferred program(s) below. Spaces will be filled on a first come first serve basis. Every effort will be made to accommodate your child. Spaces will only be reserved with payment of registration & supply fees.

Today's Date:	Desired Enrollment Date:				
Child's Full Name:		Date of Birth:			
Parent 1 Name (Main Contact):					
Parent 1 Phone:	_ Parent 1 E	.mail:			
Parent 2 Name:					
Parent 2 Phone:	_ Parent 2 E	imail:			
Address: City:			Zip:		
2023 – 2024 Programs		Tuesday/ Thursday	Monday/ Wednesday/ Friday	Monday thru Friday	
18 months – 2-year-olds					
Older 2-year-olds					
3-year-olds					
PreK (4-year-olds)					
Kinder/Bridge (5 years by October or prior	r approval)		3,000		
Bridge Class (stays until 2:15)					
The Club (4 years & up, option until 6:00)					
HCC + The Club (4 years & up, option until 6:00)					
Additional Information:					
I understand that all fees are non-refund Parent Signature	dable shoul	d we choose  Date	not to attend.		
For Office Use Only, if enrolled:				200000	
Enrollment Date:	Classroom:				