## CTK KIDS LEARNING CENTER PRESCHOOL ENROLLMENT FORM 2018-2019

Parent(s) Name:	Da	te:
Address:		
City:	State:	Zipcode:
Phone Number:	Ho	ome/Cell/Work
Email:		
Child's Name:	Birth	ndate:
Program Session: 3/4s 4/5s (Circle On	e)	
PREK-K AM: Mon-Thurs 9am to 11:30am		
PREK-K PM: Mon-Thurs 1pm to 3:30pm		
Tuition:/Month		
Child's Name:	Birth	ndate:
Program Session: 3/4s 4/5s (Circle Or	ie)	
PREK-K AM: Mon-Thurs 9am to 11:30am		
PREK-K PM: Mon-Thurs 1pm to 3:30pm		
Tuition:/Month		
Registration Fee: \$59 Cash C	Check # C	Coupon:
Total Tuition: /Month		