

CTK KIDS LEARNING CENTER
PRESCHOOL ENROLLMENT FORM
2019-2020

Parent(s) Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: _____ Home/Cell/Work

Email: _____

Child's Name: _____ Birthdate: _____

Program Session: 3/4s 4/5s (Circle One)

PREK-K AM: Mon-Thurs 9am to 11:30am _____

PREK-K PM: Mon-Thurs 1pm to 3:30pm _____

Tuition: _____/Month

Child's Name: _____ Birthdate: _____

Program Session: 3/4s 4/5s (Circle One)

PREK-K AM: Mon-Thurs 9am to 11:30am _____

PREK-K PM: Mon-Thurs 1pm to 3:30pm _____

Tuition: _____/Month

Registration Fee: \$59 Cash _____ Check # _____ Coupon: _____

Total Tuition: _____/Month