AN03642_Updated 1/20

DREAMLAND INFANT AND PRESCHOOL CENTER

ENROLLMENT FORM

Start Date\_\_\_\_\_\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_

**Registration Fee [non-refundable] - $\_\_\_\_\_\_\_ Check#\_\_\_\_\_\_\_\_\_**

**½ Month Tuition – [non-refundable], 3 days grace period due to capacity limitation.) $\_\_\_\_\_\_\_\_\_ Check#\_\_\_\_\_\_\_\_**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tel.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child will be part of the following program (check one)

* Infant ( front classrooms)
* Infant (pre-preschool, back classroom)
* Early Preschool, Ages 2-3
* Preschool, Ages 3-4
* Pre-k, Ages 4-6

Anticipated arrival time \_\_\_\_\_. Anticipated departure time\_\_\_\_\_\_.

I allow my child to be photographed by staff members for purposes of visual demonstration of group activities, birthdays, newsletters and picture days. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature)

I have toured the center and agree with sick policy, hours of operation, tuition, vacation and holiday policies. I was given a parent policy and procedure document. I understand that I need to read it and sign it and will promise to bring it back with the child’s application two weeks before official start day.

**Our teachers may not be hired as tutors, babysitters or carpool drivers. Violation of this rule will result in termination of student’s enrollment and teacher’s employment.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**For Infant Parents Only:**

**I understand that the preschool enrollment is not guaranteed. I will need to tour and to pay a preschool registration fee, at least 3 month before the child turns two years old.\_\_\_\_\_\_\_\_\_(Initial)**

**I will submit a copy of my child’s immunization records by the first day of attendance and will provide all updates as needed.\_\_\_\_\_\_\_\_\_(Initial)**

**If you pay using PayPal or Venmo, any fees charged by the third party for services will be added to tuition.\_\_\_\_\_**

**I understand that if my child is beginning school on the date other than 1st of the month or dis-enrolling on the date other than last day of the month prorated charges will apply\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

All correspondence should be send to Dreamland Daycare Center Inc.1635-1641 Centinela Avenue, Santa Monica CA 90404. Tel.310-828-8454. Email: [2dreamland@earthlink.net](mailto:2dreamland@earthlink.net)

**Dreamland Daycare Center Inc. is an equal opportunity employer and learning center. In accordance with Federal law we do not discriminate on the basis of race, color, national origin, sex, age, or disability.**

**This form was completed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(employee name) on \_\_\_\_\_\_\_\_\_\_\_(date) at \_\_\_\_\_\_\_\_\_\_\_(time).**