

Academy of Early Learning
2411 Coral Court #1
Coralville, IA 52241

I wish to enroll my child in the following program at the Academy of Early Learning.

Child's Name _____ Date of Birth _____

Parent Name _____

Address _____

Phone _____ Email _____

Desired Date of Enrollment _____ Full-time or Part-time _____

Please list the approximate days and hours your child will be with us.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Monthly Fee _____

Registration Fees:

There will be a non-refundable registration fee of **\$100.00 per family for Childcare Services and \$50.00 per family for the Before & After School Program** due at the time of enrollment. This fee will hold a spot in the program for your child. Please read the Fee Structure attached to this sheet and the Financial Policies in the Parent Handbook and ask that Director any questions you may have concerning them.

_____ Date _____

Parent/Guardian Signature

_____ Date _____

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Director's Signature