



Preschool

(Potty-trained Three and Four Year-Old Program)

Intent Form

(Complete One per Child)

Child's Name: _____ Age: _____
(Last) (First) (MI)

Date of Birth: _____ Phone Number: _____

Mother's Name: _____ Father's Name: _____

Street Address: _____ City: _____

Email: _____ Has your child attended any other preschool program? _____

Does your child have an IEP or been through Child Find? _____ If yes, please explain the outcome: _____

How did you hear about ACA's Pre-K Program? _____

I intent to enroll my child in ACA's Pre-K class option:

_____ **M- F Full Day program (7:45 – 3:05) \$845 per month (September – May)***

_____ **M – F Half Day program (7:45 – 11:15 am) \$475 per month (September – May)***

_____ **Before and After Care (7:15 drop off & 6:00 pm pick up)***

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

***Payment of a non-refundable \$150 registration fee will reserve a space for this student. Tuition is based on a 9-month school year. Tuition is due on the 1st of every month starting with September and ending with May. Tuition is late if received after the 10th of the month and a \$20.00 late fee will be assessed. A bill will not be mailed out for tuition unless your payment is overdue. If a receipt is needed for your records, the preschool office will be happy to provide you one. Before and/or After Care services are provided an additional charge. Children not picked up within the 15 - minute pick up window will be placed in aftercare services and payment is expected upon pickup.**