Applying for admission to: [check one]



REGISTRATION APPLICATION 2025-2026 SCHOOL YEAR

Pre-School		Kindergarten (five full days only)						
Jr. Kindergarten			Lower Elementary (five full days only)					
CHILD'S LAST SCHOOL ATTENDED								
How Did You Hear about <i>EARLY IMPRESSIONS</i> ?								
Schedule	Monday	Tuesday	Wednesday	Thursday	Friday			
Half Days								
Full Days								
Please fill out completely:								
Child's Name (Last, First, Middle Initial)			Nickname Birth Date					
				M D				
Street Address			City	State Z	Zip Code			
Mother's Name (Last, First, MI)			Father's Name (Last, First, MI)					
Mother's Drivers License Number & State Issued			Father's Drivers License Number & State Issued					
Mother's Social Security Number			Father's Social Security Number					
Mother's Employer			Father's Employer					
Mother's Employer Address			Father's Employer Address					
City	State	Zip code	City	State	Zip code			

REGISTRATION REQUIREMENTS

An annual Registration and a Materials/Book Fee is required for **ALL** students to secure a place for the upcoming school year. The **Registration and the Materials/Book Fee costs total \$300 and does not apply to tuition and are non-refundable**.

Registration	\$100	\$200	Pre school
And Materials -	\$100	\$200	Jr. Kindergarten
Book Costs	\$100	\$200	Kindergarten
for all classes.	\$100	\$200	First Grade
	\$100	\$200	Second Grade

Fees and policies are subject to change.

I/We acknowledge receipt of the **Parent Handbook, Annual Application for Registration and Tuition Fee Schedule.**I/We have read and understand the information contained in these documents, intended only as general reference guides to procedures that must be followed. These documents supersede any and all prior practices and policies, procedures, handbooks or general rules previously in effect. Any and all statements and policies are subject to unilateral change in whole or in part by **EARLY IMPRESSIONS** at any time.

I/We agree to give *EARLY IMPRESSIONS* two weeks written notice if I/we reduce my child's schedule. I/We agree that if my child is absent for four consecutive weeks to submit a registration fee for re-entry. Upon withdrawing from the program permanently, I/we agree to give two weeks written notice. There will be no deposit refund if my child does not complete the 42-week school year or if tuition is consistently in arrears. I/We further agree and understand that the deposit and registration fees, material fee, book fee and pre-paid tuition fees are non-refundable or transferable for <u>any reason whatsoever</u> including but not limited to; my child not attending the program; absences due to illness, surgery, communicable diseases, vacation, withdrawal, holidays; staff in-service days; severe weather closings; or any other unforeseen circumstances, etc.

I/We understand that EARLY IMPRESSIONS has the right to terminate educational services and withhold all school records if tuition becomes two weeks in arrears, and/or if any portion of the tuition payment policy is not followed.

It is understood that, at its sole discretion, *EARLY IMPRESSIONS* has the right to request withdrawal of any child from the program for any reason, at any time. It is contemplated, but not limited to, situations involving a child or parent's/guardian's failure to abide by the rules and procedures set forth by *EARLY IMPRESSIONS*; conduct of parent(s) or child deemed by *EARLY IMPRESSIONS* to be unsuitable; a child who is not benefiting from the program; any flexibility in enrollment, and such other situations as may arise. I/We have read and understand the information contained in this application form.

I/We have read the above registration requirements and understand the enrollment process.

Upon signing this agreement, the parent, legal guardian or responsible adults agree to abide by all of the provisions contained in this contract.

It is important to note that whoever signs this application will be responsible for payment.

Signature of Parent(s)/Guardians(s) or Responsible Adult	Date
Printed Name	Cell Phone-MOM
Relationship to Child	E-Mail address-MOM
Signature of Parent(s)/Guardians(s) or Responsible Adult	Date
Printed Name	Cell phone - DAD
Relationshin to Child	F-Mail address- DAD

-POLICIES SUBJECT TO CHANGE-