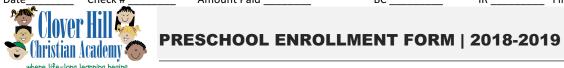
Office	مءا ا	Only	Enrol	lment	Inform	ation
Office	use	OHIIV.	LIIIOI	ment	111101111	auvii

Date	Check #	Amount Paid	BC	IR	File Complete



where life-long learning begins			•				
Student's Full Name	tudent's Full Name Today's Date						
Date of Birth			☐ Female				
Primary Address Email Address Email Address							
Mathar's Nama		Cell#					
Employer	Work Ph	none					
Father's Name		Cell#					
Employer		Work Ph	none				
Please provide information for two p	•		, , ,	• •			
Name	Relationship	Phone					
Please let us know if your family atte							
How did you hear about CHCA? If a	friend, please let	us knov	v who				
SCHEDULE PREFERENCE							
FULL DAY PROGRAM (7:00-5:00)							
☐ 12-24 months (Mon - Fri)	\$671/mo						
☐ 2 year old (Mon - Fri)	\$654/mo		year old (Mon Wed Fri)	\$402/mo			
CI 2 and (Man Full)	ФС 40 /		year old (Tues Thurs)	\$298/mo			
☐ 3 year old (Mon - Fri)	\$648/mo		year old (Mon Wed Fri) year old (Tues Thurs)	\$398/mo \$295/mo			
☐ Pre-Kindergarten (Mon – Fri)	\$648/mo) our ora (1 400 1 114 10)	4200/mg			
HALF DAY PROGRAM (8:30-12:30)						
☐ 2 year old (Mon/Wed/Fri)	\$238/mo	□ 2	year old (Tues/Thurs)	\$192/mo			
☐ 3 year old (Mon Wed Fri)	\$238/mo	□ 3	year old (Tues Thurs)	\$192/mo			
☐ Pre-Kindergarten (Mon-Thurs)	\$346/mo						
Annual Registration Fee: \$75 Indi The activity fee is auto-drafted in the montual Tuition is automatically withdrawn from your late fee will be added to your account. Far	th of October with tuiti ur savings or checking	on. This c	overs in-house presenters, curn on the 5 th of each month. If acc	count is deemed "insufficient funds", a \$25			
EMERGENCY MEDICAL I							
PhysicianAllergies	gned by Physician)						
	annot be reached in a sent for an emergency ires immediate attenti	timely ma medical f on.	anner, that an official representa acility to administer necessary	·			
child withdraws from the school							
Parent/Guardian Signature				Date			