



Confirmation of Deposit and Enrollment

Child's Name:	DOB:	Gender Identity: M___ F___ Other___ N/A___
Child's Name:	DOB:	Gender Identity: M___ F___ Other___ N/A___

If Reserving an Infant Space - Estimated Due Date: _____

PARENT/GUARDIAN #1	PARENT/GUARDIAN #2
NAME:	NAME:
ADDRESS: CITY, STATE, ZIP CODE	ADDRESS: CITY, STATE, ZIP CODE
CELL PHONE:	CELL PHONE:
HOME PHONE:	HOME PHONE:
WORK PHONE:	WORK PHONE:
EMAIL ADDRESS:	EMAIL ADDRESS:

PREFERRED SCHEDULE: (a two-day minimum is required)

PREFERRED ATTENDANCE HOURS:

Mon. ___ Tues ___ Wed. ___ Thurs. ___ Fri. ___	Drop off time: _____ / Pick up time: _____
Full Day ___ Half Day ___ ACT 166 10 hours only ___ Other: _____	
Requested start date: _____ (start date to be confirmed below as applicable)	

Enrollment Start Date: _____	Deposit Required:	Deposit Paid:
Payment Method: Check___ or Cash___	Check Number:	Cash Receipt Number:

If reserving an Infant Space- Month/year of enrollment _____/_____ *Note: The actual start date of your child (in the reserved month) will be confirmed no later than 90 days prior to the first day of the selected month of enrollment. The actual start date can vary during the reserved month based on the needs of the program, developmental needs of the children and enrollment patterns.*

The deposit is **NON-REFUNDABLE** under any circumstances other than if the program elects to terminate the enrollment agreement. If the program elects to terminate the agreement, the full deposit will be refunded. The family agrees to provide a minimum of a **30-day written notice** should they need to terminate the enrollment agreement for whatever the reason.

Parent/Guardian #1: _____ Date: _____

Parent/Guardian #2: _____ Date: _____

E.J.'s Kids Klub, Inc./By: _____ Date: _____

*A copy of this agreement will be provided at the time the deposit is rendered to the program, and the space will be officially reserved when the rendered payment is authenticated by the program.

Notes: