



Lexington Kids **Application for Enrollment**

Child's Name: _____ Date of Birth (expected): _____

Date of expected enrollment: _____

Weekly Schedule (days of attendance): _____

Weekly Tuition: _____ Child's Class: _____

Parent/Guardian #1 Name: _____

Phone/Email: _____

Parent/Guardian #2 Name: _____

Phone/Email: _____

Address: _____

Street, City, State, Zip

Person Responsible for Tuition: _____

Parent/Guardian Signature: _____

Registration fee (\$75.00) and first week of tuition must be paid in advance to guarantee enrollment. The Registration fee and first week of tuition are non-refundable unless we are unable to enroll your child. An enrollment packet and policy book will be provided prior to your intake conference. All enrollment forms must be completed to begin services.

How did you hear about our center: _____