



VININGS CREATIVE LEARNING CENTER

PRE-ENROLLMENT FORM FOR FALL 2010-2011 SCHOOL YEAR

Parent's Names _____

Address _____

Home Phone _____ Cell _____

Email _____

Students (and sibling student, if applicable):

Student Name	Date of Birth	Age on 9/1/10	Class Child will be in 2010-2011
_____	_____	_____	_____
_____	_____	_____	_____

Please specify the class you would like your child(ren) to be enrolled in next year
(example: Child 1 - 2 year old/2 day class that meets on Mondays & Fridays;
Child 2 – 4 year old class that meets on M, T, W, & TH)

Pre-enrollment Fee = \$145 per student Total Pre-enrollment fee Due _____

I understand that the enclosed pre-enrollment fee is to reserve a slot for my child(ren) for the Fall 2010-2011 school year. If my child is accepted into the program, I understand that this fee is non-refundable in the event that I decide at a later date not to enroll my child at VCLC. If my child is not accepted into the VCLC program, I understand that my pre-enrollment fee will be refunded to me.

Parent's Signature

Date