

LMUMCC Preschool La Mesa – Enrollment Application Form

Child's Information:

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____

Allergies: _____

City: _____ State: _____ Zip: _____

Parent 1 Information:

First Name _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email Address: _____

Parent 2 Information:

First Name _____ Last Name: _____

Address: _____ City: _____ State: _____

State: _____ Zip: _____ Phone: _____

Email Address: _____

The weekly fees are as follows (Please select the program for which you are enrolling)

Full Days	7:30am-5:00pm
M-F	\$210
MWF	\$136.50
TTH	\$91
Part-time	7:30-12:00pm
M-F	\$160
MWF	\$99
TTH	\$66

Please Initial All:

I understand that the \$80.00 registration fee is non-refundable

I understand that there is an annual tuition increase

I understand that no adjustment of tuition or schedules is made for sick days, holidays, school breaks or vacations.

I understand that all required paperwork including physicians report and immunization records must be submitted prior to the starting date.

Parent's Signature: _____ Date: _____

Payment:

Date received:

