

St. Mary's Early Learning Academy Enrollment Application

Acceptance of this application and payment of registration fee will hold your child's place at the Academy.

Please Print.

Child(ren) to be enrolled:

Child's Name (First, MI, Last) _____ DOB _____

Starting Date _____

Desired Schedule: **Days:** M T W TH F **Time:** From _____ to _____

Child's Name (First, MI, Last) _____ DOB _____

Starting Date _____

Desired Schedule: **Days:** M T W TH F **Time:** From _____ to _____

Child's Name (First, MI, Last) _____ DOB _____

Starting Date _____

Desired Schedule: **Days:** M T W TH F **Time:** From _____ to _____

Family Information

Home Address _____ City _____ State _____ Zip _____

Phone 1: _____ Phone 2: _____

Parent/Guardian Name _____ DOB _____ Relationship _____

E-Mail _____ Home Phone _____ Mobile _____

Address (if different) _____ City _____ State _____ Zip _____

Employer _____ Address/Phone _____

Parent/Guardian Name _____ DOB _____ Relationship _____

E-Mail _____ Home Phone _____ Mobile _____

Address (if different) _____ City _____ State _____ Zip _____

Employer _____ Address/Phone _____

Acceptance of this enrollment application and payment of required fees will reserve placement of your child(ren) at the Academy. I understand the one-time registration fee is non-refundable.

Parent Signature _____ Date _____

Director Signature _____ Date _____

Mail completed form to: St. Mary's Early Learning Academy, 815 6th Ave SW, Pine City, MN 55063.

Deposit: _____ Check/Cash: _____ Paid: _____

Received by: _____