FPCDC Enrollment Record

Dear Parent,	
	equired for enrollment. We request this information in order to comply us to better understand your child and meet his or her needs while in
Child's Last Name:	Child's First Name:
Date of Birth://	Age:
Start Date://	
We offer four different types of schedules. Please	e circle which schedule your child will be attending.
Schedule 1: (Two Days a Week) Days	(7:30am-12:30pm) (7:30am-3:00pm) (7:30am-5:30pm)
Schedule 2: (Three Days a Week) Days	(7:30am-12:30pm) (7:30am-3:00pm) (7:30am-5:30pm)
Schedule 3: (Four Days a Week) Days	(7:30am-12:30pm) (7:30am-3:00pm) (7:30am-5:30pm)
Schedule 4: (Five Days a Week) Days	(7:30am-12:30pm) (7:30am-3:00pm) (7:30am-5:30pm)
The monthly tuition of \$ is due on the be assessed a late fee of \$25.00	e 1 st of each month. Payments received after the 10 th of each month will
(provide name and number) via emergency transport. I further give perm	y give permission to Preschool staff to contact my child's physician and/or to transport my child for medical care ission to the attending medical staff to treat my child. I understand that rian Church is responsible for the cost of either medical transport or
Parent Signature:	
In compliance with our policies and with state complete on or before the day of enrollment.	e regulations governing child care, the Child File Checklist must be
If you have any questions or concerns please g spending time with you and your child as we	feel free to contact me at (505) 982-8919. We are looking forward to strive to provide the upmost of quality care.
Sincerely,	

The CDC at the First Presbyterian Church of Santa Fe

Parent/Guardian Signature

Date

Center Director

Anne Liley, Preschool Director 208 Grant Street, Santa Fe, NM 87501 505-982-8919 preschool@fpcsantafe.org