

**TAWAS AREA PRESBYTERIAN PRESCHOOL/DAYCARE
ENROLLMENT FORM**

(One form per child)

To enroll your child, please complete the following form and mail it along with a **\$45.00 non-refundable enrollment fee as well as the Sept. tuition amount*** (for your child's program) to:

**T.A.P. Preschool/Daycare
2095 E. U.S. 23
East Tawas, MI 48730-9303**

***Refund policy:** The enrollment fee is non-refundable.
Should you decide not to participate in the T.A.P. Preschool /Daycare, **only 50% of Sept. tuition is refundable providing notice is given prior to May 28 of the same calendar year.**

Questions? Call: 989-362-2371

Child's Legal Name:

First _____ Middle _____ Last _____

Name child would like to be called at preschool: _____

Birth Date: Mo. _____ Day _____ Year _____ Sex: M ___ F ___

Street Address _____

City _____

State _____ Zip _____

Name of Parent(s)/Legal Guardian _____

Home Telephone # (____) _____

Work Telephone # (____) _____ (name) _____

Cell # (____) _____ (name) _____

Emergency Contact Name _____

Emergency Contact Telephone # (____) _____

Child's Physician: _____ Telephone # _____

Name(s) of any other Family Member Currently Enrolled In Program?

How Did You Hear About T.A.P. Preschool/Daycare?

Please indicate class appropriate for child:

____ 3 yr-olds, Tues/Thurs 8-11 a.m.

____ 4 yr-olds, Mon/Wed/Fri 8-11 a.m.

(Afternoon daycare may be scheduled, depending on enrollment.) Will need? ___yes ___no

Parent Signature _____

Date _____

For Preschool use ONLY:

Enrollment form received _____
(date)

Enrollment fee received (\$45.00) yes ___ no ___

Sept. tuition received (\$90/\$110) yes ___ no ___