

Date _____

Foundations For Learning



Deposit _____ Ch# _____

106 Griswold St.

T

Glastonbury, CT 06033

Ph: 860-430-1665

Fax: 860-430-1673

Visit Our Website at: www.thefoundationforlearning.com

School Registration Form

Child's Name: _____ Sex: _____ Birthdate: _____ Age: _____

Address: _____ Town: _____ Zip: _____ Phone: _____

Program Enrollment (check all that apply)

☐ Infants ____ 4 or 5 days ____ 3 days ____ 2 days

☐ Toddlers ____ 4 or 5 days ____ 3 days ____ 2 days

☐ Tweens (half days) ____ 4 or 5 days ____ 3 days ____ 2 days

☐ Tweens (full days) ____ 4 or 5 days ____ 3 days ____ 2 days

☐ Pre-Kindergarten (half days) ____ 4 or 5 days ____ 3 days ____ 2 days

☐ Pre-Kindergarten (full days) ____ 4 or 5 days ____ 3 days ____ 2 days

☐ School Age ____ am ____ pm ____ both ____ 4 or 5 days ____ 3 days ____ 2 days

Tuition Includes: transportation, snack, all materials and insurance.

Extended hours program is available from 7:00am to 6:00pm. Please indicate time of drop-off and pick-up if your child will **not** be using bus transportation. Transportation is **not** available for extended hour's programs.

AM drop-off time: _____ PM pick-up time: _____

Parent/Guardian #1: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian #2: _____ Work Phone: _____ Cell Phone: _____

Mother's Email: _____ Father's Email: _____

Emergency Contact : _____ Phone: _____

Emergency Contact : _____ Phone: _____

Emergency Contact : _____ Phone: _____

Physician's Name: _____ Phone: _____

Important Sign off Information:

By signing the enrollment form you are giving Foundations For Learning permission to:

_____ Perform CPR and First AID to your child if required. Only certified CPR/FA person will be allowed to perform this task, if necessary.

_____ Take pictures of your child for the following purposes; decorate the classroom, graduation yearbook, post on our "password protected" photo gallery, post on our website, use for print and/or website advertisements and for press releases.

Parent Signature _____

Date _____