



RE-ENROLLMENT FORM

Please return this form along with the \$50 re-enrollment fee to secure your child's spot.

CHILD'S FULL NAME: _____ BIRTHDATE _____

CIRCLE DAYS TO ATTEND: MONDAY TUESDAY WEDNESDAY THURSDAY

TUITION RATES:

due by the first of each month

4 days/week: \$485/month

3 days/week: \$385/month

2 days/week: \$265/month

1 day/week: \$140/month

Please update us with any changes such as phone number, address, health info and names of those who can pick up your child or anything else you'd like us to know.

I agree to the enrollment and school policies of Nature's Knowledge House Preschool as outlined in the Parent Handbook.

PARENT EMAIL ADDRESS FOR CORRESPONDENCE: _____

PARENT
SIGNATURE: _____ DATE: _____

_____ MY PAYMENT IS ENCLOSED
_____ SEND ME AN INVOICE TO PAY THROUGH THE LILLO APP

