

Registration Form

Child's Full Name: _____ DOB: __/__/__ Age: _____ Sex: _____

This is to confirm that _____ has been accepted by Square One Learning, LLC.
and a place will be reserved until the first day the child begins school on: __/__/__

A deposit of two weeks of tuition in the dollar amount of \$_____ has been received. These fees will not be returned in the event that the above-named child is not in attendance by the above date. When the child does begin school, the deposit will be applied to the first and last weeks of school.

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of preschool services, forfeiture of retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Sarah Cox/ Signature	Date