

2025-2026 Enrollment, Tuition & Fees Form

Classroom Hours: 8:45am - 1:30pm

Busy	Bees:
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□ New Applicant / New Applica	udent				
	New Student Start Date:				
Class Days : M T W	Th F				
Classroom assignment:					
Child's Full Name:	First	Middle Yrs	Last Months		
Date of Birth	Age as of September 1st, 20255				
Parents/Guardians:(Please Print)	First Name		ast Name		
,		Cell Phone #			
			'25 (Total amt Due after 7/1)		
2, 3, 4 or 5 days \$\square\$\$ \$150 New Student \$\square\$\$ \$100 Current Student			stration Fee for Siblings, First itary and LISD Staff w/ ID**		
Supply Fee: Non-refundabl	e. Half due upon reg/2nd ha	alf Due on 6/30/25 (To	otal amt Due after 7/1)		
Check One:	□ 2 days \$85	□ 2 days \$85 □ 3 days \$105 □ 4 days \$125 □ 5 days \$135			
Registration and Supply Fees MUST be paid in full by 6/30/25 to be fully enrolled. Your child's spot will be released if not paid by this date. (Includes 1 CK Tshirt & Tote bag). Monthly Tuition					
Check One:	□ 2 days \$285 □ 3 days \$395 □ 4 days \$515 □ 5 days \$605				
Sibling Enrollment					
Sibling Name:Sibling Classroom: If you have a sibling enroll 8:45 am - 1:30 pt	ed with a different start time	e, please choose schoo	hours:		
Parent/Guardian Signature Please note: Information reg			Parent Orientation, and Meet the		



Teacher Dates will be sent out via Brightwheel in July,

Childs Name:				
Before and After School Care 2025-26				
available from 1	Tare is available from 8:00 am to 8:45 am Monday through Fri 3:30pm to 3:00 pm Monday - Thursday. Before and After S hly basis and can not be prorated in the event that the stu onth.	chool Care may only be		
	l 8:00-8:40 am g breakfast for your child			
Check One:	□ 2 days \$55 □ 3 days \$80 □ 4 days \$105 □ 5 days \$120	Days:		
After School 1:30-3:00 pm Please bring a nap mat for your child and an extra snack. No after-school care on Fridays Check One: 2 days \$75 3 days \$110 4 days \$145 No Aftercare - Fridays Days:				
Both	□ 2 days \$115 □ 3 days \$175 □ 4 days \$235 □ 5 days before / 4 days after \$250	Days:		
Ctudent's Nor				
Student's Name: Parents Name & Cell:				
Emergency Contact if Parents can not be Reached				
** I understand that any pick up after 3:05 pm will result in a \$20 late fee. **				
Parent's Signature:				
Classroom:				