



ST. GEORGE PRESCHOOL ACADEMY
43816 Woodward Avenue
Bloomfield Hills, MI 48302
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stgeorgepreschoolacademy@gmail.com

ENROLLMENT APPLICATION INFORMATION

CHILD INFORMATION

Child's Name: _____

Nickname: _____ Age: _____ Gender: _____ Date of Birth: _____

Parent/Legal Guardian's Names: _____

Child's Address: _____

Parent/Legal Guardian's Email Address: _____ Phone: _____

Parent/Legal Guardian's Email Address: _____ Phone: _____

Circle Programs to Attend: Preschool (Half Day 9am-12:30pm) Preschool (Full Day 9am-3pm)

Extended Care (AM 8am-8:45am or PM 3:15pm – no later than 5:30pm) see rates

Circle Days to Attend: MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

Circle if you would like Autopay: Yes No Last 4 digits of credit card: _____

Parent/Guardian Signature: _____ **Date:** _____

For Office Use Only:

Date Application Received: _____ Date Deposit Received: _____

Contracted Amount: _____ Monthly Payment: _____