New Student
Currently Enrolled
Sibling of Enrolled
Waiting List

LakeSharon.HCAsaints.org

Date:	
Time:	

LakeSharon@HCAsaints.org



## HCA Lake Sharon Preschool 2021-2022 Enrollment Form

Child's Name (First, Mi	ddle, Last)			
Home Address:		City	Zip	
Age (on September 1 <sup>st</sup> )		Birthdate ( <i>mo/day/yr</i> )	Sex: M F	
Father's Name:				
Occupation and Busine	ss Name:	Busine	ss phone	
Mother's Name:		Email:		
Occupation and Business Name:		Busine	ss phone	
		Previous Preschool Attended:		
		ne: Does the stud		
Does the child have any developmen			l delays? Ethnicity:	
Parent/ Legal Guardian	signature:		Date:	
Class Options	Time	Days	Tuition	
Tots (18m-2 yrs)		-	\$200/month	
Tots (18m-2 yrs)			•	
	8:30-1:00	Tu/Th	\$200/month	
preschool 3	8:30-1:00	M/W/F	\$240/month	
preschool 3	8:30-1:00	M-F	\$350/month	
PK 4	8:30-1:00	Tu/Th	\$200/month	
PK 4	8:30-1:00	M/W/F	\$240/month	
PK 4	8:30-1:00	M-F	\$350/month	
Stay & Play (PS 3's & P	k 4's only)# c	of days enrolled @50/Month *1:00-3:15 *10 months of tuition	5 Circle Days M Tu W Th F	
To Enroll in Preschool:  1) Completed Enrollm to HCA Lantana Off 2) Must meet age req	ice	<b>150.00 non-refundable/non-transferal</b> otember 1, 2021	ole Enrollment Fee submitted	
Print Parent Name:		Signature	Date	