

Serendipity Day School

124 Richmond SE 87106 p) 255-7336 fax) 255-2390 serendipitydayschool.com

REGISTRATION FORM

Date of Application _____ Child's age _____

Child's name _____ Age _____ Birth Date _____ Male ___ Female ___

Father/Parent name _____ Mother/Parent name _____

Phone: Cell) _____ Phone: Cell) _____

W) _____ W) _____

H) _____ H) _____

email _____ email _____

Address _____ zip _____ Address _____ zip _____

--Application for _____ school year. Fall start _____ Summer start _____

--Our major turnover times are end of May for Summer, and mid-August for Fall, though children are placed year round if space is available.

--Please number any/all schedules that would work for you in order of preference:

M-F full day 7:30-5:30 _____ MWF full day 7:30-5:30 _____ TTh full day 7:30-5:30 _____

M-F morning 7:30-12:30 _____ MWF morning 7:30-12:30 _____ TTh morning 7:30-12:30 _____

--Will you be using CYFD financial assistance for tuition payments? Yes _____ No _____

--How did you find out about Serendipity? _____

--Our registration fee is \$80.00 annually. To place your child on the waiting list, please submit this form and \$40.00 of the registration fee. The balance of this fee is due when your child is enrolled into our program. The initial \$40.00 is refundable *IF* you request that your child be removed from the waiting list *BEFORE* you have been offered a space.

--We charge a fee to reserve a space for a child starting later in the school year. This fee is a percentage of tuition based on the child's schedule. Please talk to one of the directors if you need more information about reserving a space.

*****SECTION BELOW FOR OFFICE USE ONLY*****

1) Date _____ Comments:

2) Date _____ Comments:

Reg fee \$ _____ / _____ / _____

Reg fee \$ _____ / _____ / _____