

Serendipity Day School

124 Richmond SE, Albuquerque, NM 87106

Phone 505.255.7336

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administration@serendipitydayschool.com

Registration Form

Date of Application: _____

Child's Name: _____

Date of Birth: _____

Parent or Guardian: _____

Phone #: _____

Home Address: _____

Zip Code: _____

Employer: _____

Business #: _____

Email Address: _____

Parent or Guardian: _____

Phone #: _____

Home Address: _____

Zip Code: _____

Employer: _____

Business #: _____

Email Address: _____

Application for the _____ school year

Please number any/all schedule(s) that you would like to have considered in order of preference:

Full Day 7:30 a.m. – 5:30 p.m.

Monday-Friday _____

Monday, Wednesday, Friday _____

Tuesday, Thursday _____

Morning Schedule 7:30 a.m. – 12:30 p.m.

Monday-Friday _____

Monday, Wednesday, Friday _____

Tuesday, Thursday _____

Will you be requesting ECECD financial assistance for tuition payments? Yes: _____ No: _____

To place your child on the waitlist, please submit this form and a \$25.00 nonrefundable application fee. A \$75.00 registration fee is due upon acceptance to the program. Fees can be invoiced and paid through ACH or with cash or check.

Please tell us how you learned about Serendipity Day School: _____

For Administrative Use Only

Application fee \$ _____

Date: _____

Accepted by: _____

Registration fee \$ _____

Date: _____

Accepted by: _____