

IVY TECH PRESCHOOL  
ENROLLMENT FORM  
2005-2006

CHILD'S  
NAME: \_\_\_\_\_

PARENT'S  
NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE/EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_ I would like to enroll in the 5-day morning program

\_\_\_\_\_ I would like to enroll in the 3-day morning program

M T W T F

\_\_\_\_\_ I would like to enroll in the 2-day morning program

M T W T F

**Payment Options:**

\_\_\_\_\_ Cash or check

\_\_\_\_\_ Visa or Master Card

***\*\*\$30 nonrefundable registration fee due with this form\*\****

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date

Business Office received copy \_\_\_\_\_