



Enrollment Form

<i>Child's Last Name, First Name, Middle Initial</i>	<i>Birth Date</i>	<i>Gender</i>
<i>Desired Start Date</i>	<i>Desired Age Group (circle one)</i> Toddler Preschool	<i>Requested Days of Enrollment:</i> Mon Tues Wed Thurs Fri

Type of Enrollment: (please circle) School Year (Late Aug – May) OR Year Round – School Year + Summer Session(Aug – Aug)

Parent Information			
(Please print and complete all information)			
Parent:		Parent:	
<i>Last name, first name, middle initial</i>		<i>Last name, first name, middle initial</i>	
<i>Mailing address</i>		<i>Mailing address</i>	
<i>City, State, Zip</i>		<i>City, State, Zip</i>	
<i>Home Physical address, city, state</i>		<i>Home Physical address, city, state</i>	
<i>Primary cell phone</i>	<i>Alternate phone</i>	<i>Primary cell phone</i>	<i>Alternate phone</i>
<i>Name of Employer</i>	<i>Work phone</i>	<i>Name of Employer</i>	<i>Work phone</i>
<i>Physical Address of Employer</i>		<i>Physical Address of Employer</i>	
<i>Email address for CGL info:</i>		<i>Email address for tuition statement:</i>	

My signature below indicates I understand: 1) the billing for my child's enrollment at CGL is based on the information I/we requested and that was subsequently approved. 2) I/we am committing to the days noted below. 3) At any time of the school year prior to April 30, a 30 day notice is required to reduce days or withdraw from CGL. 4) Notice of withdrawal will be accepted until April 30. After April 30, families are obligated to pay tuition in full through the end of the school year/summer session.

<i>Parent Signature (required)</i>	<i>Date</i>	<i>CGL Administrator Signature</i>	<i>Date</i>

*****For Office Use Only*****

Start Date: **Toddler or Preschool** **Days of Enrollment:** Mon Tues Wed Thurs Fri

Registration Fee/Tuition Due

Annual Registration Fee: [non-refundable, due upon enrollment]	\$ 125.00
1 st Month's Tuition + CGL Prep Days (___ days- / x \$ ___ day) [due on or before child's 1 st day of school]	\$.00
Total Due	\$.00

Check# _____	Check Amount _____	Check Date _____	Copies: (1) CGL (1) Acct
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