



Wait List Form

Class			M-F		M-W-F		Tu/Th
Navigators 3m – 10m	7:00a-5:30p	<input type="checkbox"/>	\$1200	<input type="checkbox"/>	\$820	<input type="checkbox"/>	\$720
	9:00a-3:00p	<input type="checkbox"/>	\$850	<input type="checkbox"/>	\$550	<input type="checkbox"/>	\$425
Cruisers *10m – 18m <small>Based on Mobility</small>	7:00a-5:30p	<input type="checkbox"/>	\$1200	<input type="checkbox"/>	\$820	<input type="checkbox"/>	\$720
	9:00a-3:00p	<input type="checkbox"/>	\$850	<input type="checkbox"/>	\$550	<input type="checkbox"/>	\$425
Explorers 12m – 24m	7:00a-5:30p	<input type="checkbox"/>	\$1100	<input type="checkbox"/>	\$754	<input type="checkbox"/>	\$654
	9:00a-3:00p	<input type="checkbox"/>	\$775	<input type="checkbox"/>	\$500	<input type="checkbox"/>	\$365
Adventurers 24m – 36m	7:00a-5:30p	<input type="checkbox"/>	\$1000	<input type="checkbox"/>	\$728	<input type="checkbox"/>	\$628
	9:00a-3:00p	<input type="checkbox"/>	\$735	<input type="checkbox"/>	\$460	<input type="checkbox"/>	\$325
Investigators 36m – 48m	7:00a-5:30p	<input type="checkbox"/>	\$950	<input type="checkbox"/>	\$715	<input type="checkbox"/>	\$615
	9:00a-3:00p	<input type="checkbox"/>	\$715	<input type="checkbox"/>	\$450	<input type="checkbox"/>	\$315
Researchers I 48m – 60m Researchers II* 60m -72m* <small>*Not Kindergarten</small>	7:00a-5:30p	<input type="checkbox"/>	\$875	<input type="checkbox"/>	\$656	<input type="checkbox"/>	\$556
	9:00a-3:00p	<input type="checkbox"/>	\$656	<input type="checkbox"/>	\$440	<input type="checkbox"/>	\$300

Wait List Fee: \$35 non-refundable for 12 months
Drop-off 6:30-7a available by Reservation; Fee \$15 per day

Tuition rates are per month
 (10% discount on lowest tuition rate for 2nd child enrolled)

Date when care is needed: _____

Child's Current Age: _____ **Birth Date:** ____/____/____ **Child's Sex:** M F

Child's Surname Name: _____ **First Name:** _____

Mother (or Legal Guardian):

Name _____
 Address _____
 Apt. # _____ City _____
 State _____ Zip _____
 Home Phone _____
 Cell Phone _____
 E-Mail _____

Father (or Legal Guardian):

Name _____
 Address _____
 Apt. # _____ City _____
 State _____ Zip _____
 Home Phone _____
 Cell Phone _____
 E-Mail _____

For Office Use Only:

Date Received _____ Tour On _____
 Priority Status _____ Class _____
 Check # _____ Credit Card \$ _____