



READY....SET....
ENROLL
 IN PRESCHOOL!



I would like to reserve my child's place at Stages Academy for the 2016-2017 Academic Year!

Child's Name _____ Birth Date _____

Address _____ Parents' Names _____

Phone Number _____ Email Address _____

Which program(s) are you interested in? (circle all that apply):

Preschool

Pre-K

Before & After School

Theatre Arts Summer Camp

How many days per week? (circle)(call 267-981-5047 for the pricing of your program and to schedule a tour)

5 Days

3 Days (Monday/Wednesday/Friday)

2 Days (Tuesday / Thursday)

By signing below and providing my credit/debit card number, I understand that I am agreeing for a charge to be made to my account in the amount of \$100 (Fall registration fee) plus one week's tuition on March 15, 2016 or on the date of submission of this form (if March 15th has already passed). I understand that this charge is non-refundable and that it will be charged regardless of whether my child actually attends Stages Academy during the 2016-2017 school year.

Please charge my card (Mastercard, American Express, Visa or Discover)

Name on card _____ Billing Address _____

CC# _____ Exp. Date _____ Security Code _____

Cardholder Signature _____