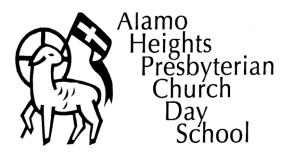
Office use: Infant Ones Twos Threes Fours ASC



2024-2025 Registration

Parent name:	Phone:	
Child Name:	Childs Birthdate:	
 I understand AHI the registration fee. 	PCDS will not accept this form without	
 I understand my child will be placed into their class 		
according to their age on September 1, 2024.		
 I understand AHPCDS is a full year program and tuition 		
is due for all absences, holidays, and summers.		
 I understand that a two-week written notice for 		
withdrawal is require	ed.	
• I understand that	t any early withdrawal of any child	
will forfeit any (futur	re) sibling "in house" early	
enrollment.		

	_	e is non refundable and program until August	
5 th , 2024.			
 I understand I must provide the office with updated 			
immunization red	cords as they occur	′.	
 I understand there is a 2.9% fee for tuition payments 			
by credit/debit ca	ard. I will notify the	e office If method of	
tuition payment changes between months.			
			
Signature	Date	Pmt /Check #	