

Office use:	Infant	Ones	Twos	Threes	Fours	ASC
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Alamo  
Heights  
Presbyterian  
Church  
Day  
School

2024-2025

# Registration

Parent name: \_\_\_\_\_ Phone: \_\_\_\_\_

Child Name: \_\_\_\_\_ Childs Birthdate: \_\_\_\_\_

- \_\_\_ I understand AHPCDS will not accept this form without the registration fee.
- \_\_\_ 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 required.
- \_\_\_ **I understand that any early withdrawal of any child will forfeit any (future) sibling “in house” early enrollment.**

- \_\_\_ I understand the registration fee is non refundable and will hold my child's position in the program until August 5<sup>th</sup>, 2024.
- \_\_\_ I understand I must provide the office with updated immunization records as they occur.
- \_\_\_ I understand there is a 2.9% fee for tuition payments by credit/debit card. I will notify the office if method of tuition payment changes between months.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Pmt /Check #