

e91 Early Learning

full-day care & preschool

FALL REGISTRATION

2020/2021

★ Child

Name: _____ Male Female

Date of Birth: _____

★ Parent/ Guardian

Name: _____

Address: _____

City: _____ Zip: _____ E-mail: _____

Phone: _____ Cell Home Work Phone: _____ Cell Home Work

Employer (if applicable): _____

★ Parent/ Guardian

Name: _____

Address: _____

City: _____ Zip: _____ E-mail: _____

Phone: _____ Cell Home Work Phone: _____ Cell Home Work

Employer (if applicable): _____

Part Day Preschool (9am - 1:30pm) Age as of Sept 1

Twos/Threes	Select 2-5 Days	\$32/day
Threes/Fours	Select 2-5 Days	\$30/day
Fours/Fives	Select 2-5 Days	\$28/day

Select Days for Attendance

M T W TH F

Registration Fee (All Ages) - \$75 per family, non-refundable

Supply Fee (Varies by Class) 2's and 3's Classes - \$230

Infant - Toddler Classes - \$145 Pre-K Classes - \$300

★ Sibling Discounts

2nd Child - 10% off / 3rd Child - 20% off

Full Day Preschool (7:30am - 6:00pm) Age as of Sept 1

Infant - Toddler	Full Time M-F	\$1110/mo
Twos/Threes	Full Time M-F	\$830/mo
Threes/Fours	Full Time M-F	\$760/mo
Fours/Fives	Full Time M-F	\$730/mo
Twos/Threes	Part Time Select Days	\$50/day
Threes/Fours	Part Time Select Days	\$48/day
Fours/Fives	Part Time Select Days	\$47/day

Select Days for Part Time Attendance

M T W TH F



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) e91 Early Learning to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

- Circle One:**
1. Monthly on 5th
 2. Monthly on 20th
 3. Semi-monthly 5th & 20

Text

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #
Address	City State Zip
Bank or Credit Union Name	Bank or Credit Union Address City State Zip
Routing Transit Number (see sample below)	Account Number (see sample below) <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature

