



Intent to Enroll

Mother's Name _____

Father's Name _____

Child's Name _____ Date of Birth _____

Address, City, State, Zip _____

Home Phone # _____ Cell # _____

Email Address _____

Today's Date _____

Expected Start Date _____

Expected Age of Child on Start Date _____

Please check one:

Starting immediately (within 30 days)-2 week's tuition + registration fee required

Waitlist-\$125 non-refundable reservation fee required*

Credit Card#: _____

Exp.Date: _____ 3-Digit Security Code: _____

Billing Address (+City State, Zip Code): _____

Name as it appears on the credit card: _____

**The waitlist fee is nonrefundable but applicable to the annual registration fee once your child enrolls and attends The Vine Preschool.*