LEAPFROG LEARNING CENTER Inc. Application for 2024/2025 Enrollment

Mother's Name	Mother's Email	
Father's Name	Father's Email	l
Address :		
		Home
Child's Name :		
	Boy/Girl :	
I would like to enroll my child i Wednesday, 9/4/24 and ending	n the Leapfrog Learning Center fo Thursday, 6/12/25.	r the 2024-2025 school year beginning
Allergies:	My child takes the following medication:	
Please enroll my child in the: Potty training require	_Toddler programPre-schoo ed in all rooms except Toddler program (ol program Pre-K program (ages 30 months to 39 months in Sept)
	Arrival Time Depar	rture Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Minimum attendance for todo	ilers/pre-school (age 30 months thru 48 months)=2	half days/wk. Minimum for Pre-K=3 half days/wk.
Lunderstand the tuition for th	is schedule is \$	month (navable in ten equal installments)

I understand the tuition for this schedule is \$_____ per month (payable in ten equal installments). Attached please find my check for \$_____ (being a one month deposit and a \$100.00 registration fee).

It is my intention for my child to attend Leapfrog for the entire school year. I understand that if my child is unable to start school in September or I withdraw my child prior to June 2025, I must give one month's written notice and I will forfeit my deposit/registration fee (failure to give such notice results in a penalty equal to one month's tuition). Deposits are also forfeited if Leapfrog is unable to open because of a government emergency. Deposits are returned only if children are chronically unhappy during the first few weeks of initial attendance.

I understand that if the schedule indicated above is not available, my deposit is refundable. Children under three years old are accepted subject to evaluation. In cases where Leapfrog determines a child is not ready for the program, Leapfrog will refund the related deposit.

Date