



VALLEY VIEW Learning Center

ACCOUNTING ENROLLMENT FORM

Child's Name: _____ Mother's Social Security Number: _____

Child's Name: _____ Father's Social Security Number: _____

Mother's E-mail Address: _____

Father's E-mail Address: _____

Center: _____ Enrollment Date: _____

Weekly/Monthly Tuition Amount: \$ _____ Transportation fee? Y or N

Class: _____ (School-agers only – elementary school name: _____)

PFCC/ELI or Private Pay (circle one) Are you new to the area? Y or N

Days/Hours: Schedule: _____

Date Registration Paid: _____ Check#: _____ Any coupons? _____ If someone other than the parent will be paying by check what is that name? _____

How did you hear about us? Check ALL that apply:

*Internet * Drive by *TV ads *Word of Mouth *Referral * Radio ads *Phone Book *Print ads

*Other Referring Family name: _____

What was the primary reason you made the decision to enroll at VVLC? _____

_____. How

many centers did you tour before choosing ours? ____ Please list any other children who will not be

attending and their ages. _____ What are your expectations

of Valley View Learning Center? _____

_____.

For Office Use:

Parent Roster? Y or N First day photo sent? Y or N ID Code: Name: _____

Security Door Code: _____ ID Code: Name: _____