



To guarantee your child's spot, two weeks of care plus the \$50.00 registration form is due.

Today's Date: _____ / _____ / _____

Child's Name: _____

Center Selection: Creek Trail Oscar Drive

Birthdate: _____ / _____ / _____

Start Date: _____ / _____ / _____

Parent Names: _____

Home Address: _____

Parent 1 Number: () _____ - _____

Parent 2 Number: () _____ - _____

Parent 1 Email Address: _____ @ _____

Parent 2 Email Address: _____ @ _____

We are primarily referral based. Please list who referred you to Courtyard so that I can properly thank them for their referral!

Referral: _____

By signing below, you are confirming your intentions to enroll your child at Courtyard.

Signature _____ Date _____ / _____ / _____

Office Only

- Enrollment Plan Changes Plan Referral
 Effective 12/20/2023 Enrollment Packet Given

Deposit Paid Date: _____ / _____ / _____

Deposit Paid Amount: \$ _____