

Parent and Child Enrollment: Summer 2019 Wednesday – July 3 through July 31 Thursday – July 11 through August 1 Please mark the appropriate class you would like to attend

□ 12-18 months: Wednesdays 9:30am - 11:30am (\$225)
 □ 18-36 months: Thursdays 9:30am - 11:30am (\$180)

Child's Name:	Gender: Bi	rthday:
Parent Name:	Email:	
Address:	City:	ZIP:
Home Phone:	Cell Phone:	
Parent Name:	Email:	
Address:	City:	ZIP:
Home Phone:		

My child and I will be enrolled in Under the Oaks Parent and Child program during the above selected dates. I understand that all payments are non-refundable as costs for staff, insurance, rent etc. continue whether we attend or not. I agree to abide by the policies and procedures of Under the Oaks. Under the Oaks reserves the right to terminate a family's contract at any time without cause for a refund of classes not yet attended.

Parent or Guardian Signature:_____ Date:

PAYMENT:
Visa
MC
AMEX
Check Payable to Under the Oaks Preschool

3% surcharge on all Credit Card charges / Session must be paid in full to hold space

Card Number______ Expiration Date __/__ numbers on back ____Billing Zip code _____

Under the Oaks Early Childhood Center, 3480 Las Flores Canyon Rd., Malibu CA 90265

(310) 456-7111, (310) 266-7139 sunshine@oakspreschool.com