Acceptance Form

This is to confirm that:

Child 1: _____ DOB: ___/___/___ Age: _____ Sex: ____

has been accepted for care by: Preschool Prep and a place will be reserved until the first day of care which will begin on: ___/___/___

A registration/two-weeks of care of $_____ has been received. These fees will not be returned in the event that the above-named child/children is/are not placed in care by the above date. When the child does begin care, the weekly fee will be applied to the last week(s) of care.

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture of retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
PRESCHOOL PREP/ Signature	Date