

FOR OFFICE USE ONLY

Date Received:

Date Paid:

Toni:



hilltopschool

ENROLLMENT FORM for 2025-2026 School Year

☐ NEW STUDENT

☐ RETURNING STUDENT

Registration Fee: \$100.00/child

*Must be paid along with this form to officially reserve a spot.
Checks made to "Hilltop School"*

Student Name: _____ DOB: _____

One form per student, please.

Requested Program:

Infants 8 weeks-1 year	Infant/ Toddlers 1 year olds	Toddlers 2 year olds	Preschool 3 year olds	PreK 4 year olds	K 5 year olds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all preferred days in the boxes below.**

Choose 2, 3, 4, or 5 days **AND** AM or FULL DAY in boxes:

MON	TUE	WED	THU	FRI
AM ONLY	AM ONLY	AM ONLY	AM ONLY	AM ONLY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FULL DAY	FULL DAY	FULL DAY	FULL DAY	FULL DAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Requested days/times are not a guarantee and will be confirmed soon after enrollment request*

Parent Name(s): _____

Address: _____

Cell Phone: _____ Email: _____