

IRVINGTON EXTENDED DAY

1320 NE Brazee St * Portland, OR 97212 * (503) 287-9751 * iedprogram@gmail.com
2008-2009

Intake form for

IED Pre-Kindergarten Program

Child's name _____ date of birth _____ Sex _____

Address _____ zip code _____ home phone _____

Today's date _____ Age on September 1, 2008 _____

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Custodial parent(s)

Name _____ Relationship to child _____

Work phone number _____ E-mail address _____

Name _____ Relationship to child _____

Work phone number _____ E-mail address _____
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I am interested in:

Full day Pre-K (8:30 AM to 3:00 PM) _____ \$450.00 monthly tuition

Morning (8:30AM to 11:30AM) _____ \$330.00 monthly tuition

Afternoon (12:00 AM to 3:00 PM) _____ \$300.00 monthly tuition

There is a non-refundable registration fee equal to one month's tuition due with registration form. **Do not include payment with this Intake form.**

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signature

date

Please inform IED of any changes in the information on this form.
Please note that this form is kept for one year and then discarded.

For more information, please visit our website. www.iedprogram.org

MAILING ADDRESS: ATTN IED
1320 NE Brazee * Portland, OR 97212 11/07