



MILE HI CHILDREN'S ENRICHMENT CENTER
 9077 West Alameda Avenue, Lakewood, CO 80226
 Phone: 720-974-2248 Fax: 303-238-1303

MHCEC Intent to Enroll Form

First Name **Last Name** **M.I.** **Sex** **Birth Date** **Start Date Desired**

Thank you for your interest in MHCEC. *We are a smaller school and only a limited number of spaces become available each year. Because of this, enrollment opportunities depend on available spaces in each classroom. Current students, siblings of current or formerly enrolled students and staff families are given priority status over new enrollments.*

MHCEC will only be able to hold an offered space for 24 hours. (However, if you were contacted at 3pm on Friday, you would have until 3pm on Monday to respond.) *Once we call and/or email to offer a spot, we must receive confirmation of the offer within the 24 hr period, or we will offer the space to the next family in line.*

Please indicate your program preference by checking the appropriate box below. *If choosing a 3-Day Option, please list THREE 3-Day preferences) and please use one Application for each child.*

Ages Accepted	3-Day Option- List your preference (M, T, W, TH, F)	5-Day Option
30 months – 5 years (as of August 1 st)	1. __, __, __ 2. __, __, __ 3. __, __, __ \$400/Month	Monday - Friday \$600/Month

***_Subsequent children in the same household receive 10% off all tuition rates.*

Guardian 1: Name _____

Phone _____ Email Address _____

Guardian 1: Name _____

Phone _____ Email Address _____

How did you learn about the Mile Hi Children's Enrichment Center? _____

Signature: _____ **Date:** _____

Printed Name: _____

For MHCEC Admin Use				
Date Received	Time Received	Date Logged	Confirmation Email	Notes/Resolution