



**Application for  
September 2023-May 2024**

**Registration Fee:** \$100 (Individual)  
\$150 (Family)

Enclosed is my check # \_\_\_\_\_ for \$ \_\_\_\_\_ (Reg. Fee + 1<sup>st</sup> month's tuition).

**Activity Fee:** \$70/child due no later than August 15, 2023

Please print your child's name in the space beside class selection.  
**Classes based on child's age as of August 1, 2023.**

**18 months – 2 year:**

1. \_\_\_\_\_ Monday & Wednesday = \$230.00/Monthly
2. \_\_\_\_\_ Tuesday & Thursday = \$230.00/Monthly
3. \_\_\_\_\_ Monday thru Thursday = \$370.00/Monthly

**3 year:**

1. \_\_\_\_\_ Tues., Wed., Thurs. = \$290.00/Monthly
2. \_\_\_\_\_ Monday thru Friday = \$370.00/Monthly

**4 year:**

1. \_\_\_\_\_ Tues., Wed., Thurs. = \$290.00/Monthly
2. \_\_\_\_\_ Monday thru Friday = \$370.00/Monthly

I understand that acceptance of this application depends upon the school's assessment of its ability to meet my child's needs, classroom size, teacher/child ratio and that the fees and tuition will be refunded ONLY if the application is NOT accepted.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parents' Names: (Parent A.) \_\_\_\_\_  
(Parent B.) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

A. Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

B. Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Work Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

In case of emergency, please call: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies or special needs: \_\_\_\_\_

Pediatrician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

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**For Office Use Only:**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_  
Time Received: \_\_\_\_\_