



Child

Name _____	Nickname _____
Address _____	City _____ Zip _____
Home phone _____	D.O.B _____ Sex _____
Date to begin School _____	Age when starting school _____
Previous school(s) attended _____	
Does your child have any: disabilities, allergies, dietary restrictions, medical requirements? _____	
Does your child have any special education or behavioral needs? Please describe _____	

Family

Mother	Father
Name _____	Name _____
Business Ph. _____	Business Ph. _____
Cell # _____	Cell # _____
Email _____	Email _____
Place of work _____	Place of work _____
Profession _____	Profession _____
Child lives in the custody of _____	
Siblings	
Name _____ Age _____	Name _____ Age _____

Emergency

Emergency Contacts (other than parents)		
Name _____	Relation to child _____	Phone # _____
Name _____	Relation to child _____	Phone # _____
Doctor		
Name _____	Phone _____	

Pick up

The following people are authorized to pickup/drop off my child		
Name _____	Relation to child _____	Phone # _____
Name _____	Relation to child _____	Phone # _____
Photo ID will be required for all non custodial pick ups. Written notice is required for all pickups not named above.		

Registration Options

Length of Day		
<input type="checkbox"/> 9:00 - 1:00 (min 5 days)	<input type="checkbox"/> 7:30 - 3:30	<input type="checkbox"/> 7:30 - 5:30
<input type="checkbox"/> 9:00 - 3:30 (min 3 days)	<input type="checkbox"/> 8:00 - 5:30	<input type="checkbox"/> other _____
Grade Level		
<input type="checkbox"/> Toddler (14months to 2 yrs 9 months)	<input type="checkbox"/> Pre-School (2 years 9 months to 5 years)	
<input type="checkbox"/> Grade/Elementary (5 years to 7 years)		
Days		
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	
Length of year		
<input type="checkbox"/> School year (9months)	<input type="checkbox"/> Long Year (9.5 months)	<input type="checkbox"/> Year (12 months)
Payment Plan		
<input type="checkbox"/> Full (due Aug. 1st)	<input type="checkbox"/> Semester (due Aug. 1st & Dec. 1st)	<input type="checkbox"/> Monthly (1st of each month)

Billing

Billing information if other than parents,		
Name _____	Address _____	Phone # _____

Agreement

I give permission for my child to:			
Receive emergency medical treatment	Y <input type="checkbox"/> N <input type="checkbox"/>	Appear on school web site	Y <input type="checkbox"/> N <input type="checkbox"/>
Go on field trips	Y <input type="checkbox"/> N <input type="checkbox"/>	Appear in brochures & advertisements	Y <input type="checkbox"/> N <input type="checkbox"/>
At the time of submission an application fee of \$295 is required. One month's tuition deposit is due upon acceptance of your child into the program. All above fees are non refundable. All applications are subject to a two week trial period. I understand and agree to pay the required tuition fees and that my obligation to pay the tuition fees for the program I have selected, as per payment schedule, is unconditional. No portion of tuition paid will be refunded in the event of absence, withdrawal or dismissal.			
I have read the school policy and agree to abide by the same in the event my child is accepted.			
Parent Signature _____			Date ____ / ____ / ____