



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		
9:00 - 1:00 (min 5 days)	7:30 - 3:30	7:30 - 5:30
9:00 - 3:30 (min 3 days)	8:00 - 5:30	other _____
Grade Level		
Toddler (14months to 2 yrs 9 months)	Pre-School (2 years 9months to 5 years)	
Grade/Elementary (5years to 7 years)		
Days		
Monday	Tuesday	Wednesday
Thursday	Friday	
Length of year		
Short year (9months)	Long Year (9.5months)	Year (12 months)
Payment Plan		
Full (due Aug. 1st)	Semester (due Aug.1 & Dec. 1)	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	N	Appear on school web site	Y	N
Go on field trips	Y	N	Appear in brochures & advertisements	Y	N
At the time of application a deposit of \$295 is required. The first month's tuition payment 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 ____ / ____ / ____	