



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

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

Emergency

<b>Emergency Contacts (other than parents)</b>		
Name _____	Relation to child _____	Phone # _____
Name _____	Relation to child _____	Phone # _____
<b>Doctor</b>		
Name _____	Phone _____	

Pick up

<b>The following people are authorized to pickup/drop off my child</b>		
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

<b>Length of Day</b>		
<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 _____
<b>Grade Level</b>		
<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)		
<b>Days</b>		
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday
<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	
<b>Length of year</b>		
<input type="checkbox"/> School year (9months)	<input type="checkbox"/> Long Year (9.5 months)	<input type="checkbox"/> Year (12 months)
<b>Payment Plan</b>		
<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

<b>Billing information if other than parents,</b>		
Name _____	Address _____	Phone # _____

Agreement

<b>I give permission for my child to:</b>		
Receive emergency medical treatment	Y <input type="checkbox"/> N <input type="checkbox"/>	Appear on school web site
Go on field trips	Y <input type="checkbox"/> N <input type="checkbox"/>	Appear in brochures & advertisements
<p>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. <b>All above fees are non refundable.</b> 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.</p> <p>I have read the school policy and agree to abide by the same in the event my child is accepted.</p>		
Parent Signature _____	Date ____ / ____ / ____	