



General Application

Child's Name Last: First: Middle:		Date:
Address: City:		Zip:
Child lives with:	Birthdate:	Sex: M F

Mother's Name Last: First: Middle:		Phone number:	Email Address:
Father's Name Last: First: Middle:		Phone number:	Email Address:
Address: City:		Zip:	

Please check the boxes that represent the schedule you want for your child.

Two Years Old

# Number of Days Attending	Half Days Program 7:30 am-12:00 noon	Full-Time Program 7:30 am-6:30 pm
5	\$995 <input type="checkbox"/>	\$1,300 <input type="checkbox"/>
3	\$799 <input type="checkbox"/>	\$1080 <input type="checkbox"/>
2	\$680 <input type="checkbox"/>	\$955 <input type="checkbox"/>

Three to Five Years Old

# Number of Days Attending	Half Days Program 7:30 am-12:00 noon	Full-Time Program 7:30 am-6:30 pm
5	\$920 <input type="checkbox"/>	\$1,200 <input type="checkbox"/>
3	\$799 <input type="checkbox"/>	\$980 <input type="checkbox"/>
2	\$680 <input type="checkbox"/>	\$860 <input type="checkbox"/>

Parent/Guardian Signature

Date