



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:

Program Selection:

Two Years Old and Three to five years old who are NOT toilet trained

# Number of Days Attending	Half Days Program 7:30 am-12:00 noon	Full-Time Program 7:30 am-6:30 pm
5	\$750 <input type="checkbox"/>	\$950 <input type="checkbox"/>
3	\$650 <input type="checkbox"/>	\$750 <input type="checkbox"/>
2	\$550 <input type="checkbox"/>	\$650 <input type="checkbox"/>

Three Years Old to Five Years Old That are Toilet Trained

# Number of Days Attending	Half Days Program 7:30 am-12:00 noon	Full-Time Program 7:30 am-6:30 pm
5	\$700 <input type="checkbox"/>	\$900 <input type="checkbox"/>
3	\$600 <input type="checkbox"/>	\$700 <input type="checkbox"/>
2	\$500 <input type="checkbox"/>	\$600 <input type="checkbox"/>

New Child Registration Fee \$135/child

Annual Fee (in August) \$75/child

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

For School Use Only Date Received _____ Start Date _____ Check # /Amount _____ Director Signature _____