

**2 Year Old Program  
2017 – 2018 Application**

CHILD'S NAME \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ Include copy of birth certificate

SEX \_\_\_\_\_ HOME TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_  
(Father) (Mother)

PARENT'S OCCUPATION \_\_\_\_\_  
(Father) (Mother)

BUSINESS PHONE \_\_\_\_\_  
(Father) (Mother)

E-MAIL ADDRESS \_\_\_\_\_

Name and ages of siblings \_\_\_\_\_

Any special problems or needs we should be aware of? \_\_\_\_\_

\_\_\_\_\_  
Name, address and phone of family doctor \_\_\_\_\_

\_\_\_\_\_  
Emergency contact \_\_\_\_\_  
(Name) (Phone Number)

**ELIGIBILITY Available to children 2 years of age on or before Dec. 31, 2017**

**HOURS: Session I Monday thru Friday 9:00am – 11:30am**  
**Session II Monday thru Friday 12noon-2:30pm**

**TUITION: 2 Days: \$6180 3 Days: \$7055 4 Days: \$7990 5 Days: \$9730**

**SCHOOL YEAR: September 11, 2017 to June 1, 2018**

**DEPOSIT: A deposit of one tenth of the total tuition must accompany this application.**  
***DEPOSITS ARE NOT REFUNDABLE. Balance may be paid in full or in 7 installments.***

Please check the appropriate boxes for the days your child will be attending:  Session I  Session II

Monday  Tuesday  Wednesday  Thursday  Friday

\_\_\_\_\_ I will pay balance in full.

\_\_\_\_\_ Bill me for the balance in 7 installments.  
I understand there is a one time billing fee of \$50 for this service.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)