

**Pre School Extended Day  
2018– 2019 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 \_\_\_\_\_

Has your child ever attended a Pre School Program? \_\_\_\_\_

If so, where and for how long? \_\_\_\_\_

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)

**TUITION: 5 DAYS - - - - - \$11950**

**HOURS: 9:00 AM – 1:30PM**

**SCHOOL YEAR: September 12, 2018 to June 50, 2019**

**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 seven installments.**

Please check the appropriate boxes:

\_\_\_\_\_ 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)