

**2 Year Old Program
2019 – 2020 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, 2019

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

TUITION:	Session I	2 Days: \$6365	3 Days: \$7265	4 Days: \$8230	5 Days: \$9995
	Session II	\$5365	\$6265	\$7230	\$8995

SCHOOL YEAR: September 9, 2019 to June 4, 2020

**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)