

**Pre School Extended Day
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 _____

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 - - - - - \$12310

HOURS: 9:00 AM – 1:30PM

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 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)