

**Pre School Half 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:**            **3 DAYS - - - - \$9980**                    **5 DAYS - - - - - \$10250**

**HOURS:**            **AM Session: 8:45AM–11:45AM**

**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 box:     3 days     5 day

\_\_\_\_\_ 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)