2 Year Old Program
2010 – 2011 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)

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, 2010.**

HOURS: **Monday thru Friday 9:15am – 11:30am**

TUITION: **2 Days: $4900** **3 Days: $5575** **4 Days: $6320** **5 Days: $7900**

SCHOOL YEAR: **September 13, 2010 to June 3, 2011**

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:

☐ 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)