

**Pre School Half Day
2009 – 2010 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)

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 - - - - \$7475** **5 DAYS - - - - - \$7740**

HOURS: **AM Session: 8:45AM–11:45AM** **PM Session: 12:30 PM – 3:30PM**

SCHOOL YEAR: **September 14, 2009 to June 4, 2010**

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:

_____ 3 days _____ 5 days _____ AM _____ PM

_____ 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)