



**2019/2020 Application for Admission**

Office Use:
Date: _____
Class: _____
Check #: _____
Amount: \$ _____

I hereby request admission of my child to the following class/s (check all that apply):

**Three Year Old Morning Classes - 2 or 3 day - Child Must Turn 3 by September 1, 2019**

- Tuesday/Thursday \$180 (9-11:30am)**     **Optional Enrichment \$100 (11:30am-1pm)**
  - Optional Enrichment Plus (1-3 pm):**     **1 Day \$72**     **2 Days \$144**
- Wednesday/Friday \$180 (9-11:30am)**     **Optional Enrichment \$100 (11:30am-1pm)**
  - Optional Enrichment Plus (1-3 pm):**     **1 Day \$72**     **2 Days \$144**
- Tuesday/Wednesday/Friday \$232 (9-11:30am)**     **Optional W/F Enrichment \$100 (11:30am-1pm)**
  - Optional Tues Enrichment \$50 (11:30am-1pm)**
  - Optional Enrichment Plus (1-3 pm):**     **1 Day \$72**     **2 Days \$144**     **3 Days \$210**

**Four Year Old Pre-Kindergarten - 3 or 4 day class - Child Must Turn 4 By September 1, 2019**

- Monday/Tuesday/Thursday \$335 (9am-1pm)**
  - Optional Enrichment Plus (1-3 pm):**     **1 Day \$72**     **2 Days \$144**     **3 Days \$210**
- Mon/Wed/Fri \$240 (9-11:30am)**     **Optional Mon/Wed/Fri Enrichment \$150 (11:30am-1pm)**
  - Optional 4<sup>th</sup> day - Thursday \$80 (9-11:30am)**     **Optional Thursday Enrichment \$50 (11:30am-1pm)**
- Optional Enrichment Plus (1-3 pm):**     **1 Day \$72**     **2 Days \$144**     **3 Days \$210**     **4 Days \$280**
- Monday/Wednesday/Friday \$335 (9am-1pm)**
  - Optional 4<sup>th</sup> day - Thursday \$80 (9-11:30am)**     **Optional Thursday Enrichment \$50 (11:30am-1pm)**
- Optional Enrichment Plus (1-3 pm):**     **1 Day \$72**     **2 Days \$144**     **3 Days \$210**     **4 Days \$280**

**State Approved Kindergarten - 4 Hour Class - Child Must Turn 5 by September 1, 2019**

- Monday thru Friday \$450 (9am-1pm)**     **M - F Optional Enrichment Plus \$350 (1-3 pm)**
  - E Plus 1 Day \$72**     **E Plus 2 Days \$144**     **E Plus 3 Days \$210**     **E Plus 4 Days \$280**

Child's Full Name \_\_\_\_\_ Name Used \_\_\_\_\_  
First Last If different from first name

Birth date (mo/day/yr) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_

Parents/Guardian (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Full Address \_\_\_\_\_

Child lives with:    \_\_\_\_\_ both parents    \_\_\_\_\_ mother    \_\_\_\_\_ father    \_\_\_\_\_ other

**Mother's Contact Information**

Cell Phone (Mom) \_\_\_\_\_

Work Phone (Mom) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Father's Contact Information**

Cell Phone (Dad) \_\_\_\_\_

Work Phone (Dad) \_\_\_\_\_

Information the teacher should know, (i.e., fears, language difficulties, receiving services for speech, OT etc.)?  
 \_\_\_\_\_

PLEASE SPECIFY ANY **FOOD ALLERGIES** \_\_\_\_\_

(By indicating a food allergy above, parent **MUST** provide ALL snack/food/drink for their child)

**ALL May 2020 advanced tuition plus \$85 registration fee must be paid at time of registration and are not refundable.**

Teacher: To be completed at time of student withdrawal or at the end of the school year:  
 Entry Date \_\_\_\_\_ Exit Date \_\_\_\_\_  
 Days Absent \_\_\_\_\_ Initials \_\_\_\_\_

I certify that I understand there are **no refunds** and that this information is correct to the best of my knowledge.

\_\_\_\_\_  
**Parent/Guardian Signature**