

2009-2010 APPLICATION FOR ENROLLMENT

Name: _____ D.O.B _____

Parent's/ Guardian's Names: _____

Home Address: _____

City: _____ Zip: _____

Home Phone Number: _(____) _____

Work Phone Number: (Mother)_(____) _____ (Father)_(____) _____

Cell Phone Number: (Mother)_(____) _____ (Father)_(____) _____

e-mail address: _____ Date of Application _____

Please check/circle

Program	Morning 9:00-12:00	Full day 9:00-2:30	Extended day 7:30-6:00
Pre-school I*:			
<input type="checkbox"/> 5 days per-week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4 days per-week	M,T,W,Th,F	M,T,W,Th,F	M,T,W,Th,F
<input type="checkbox"/> 3 days per-week	M,T,W,Th,F	M,T,W,Th,F	M,T,W,Th,F
Pre-School II: & Kindergarten:			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elementary:			
	N/A	<u>8:45-2:30</u>	
		<input type="checkbox"/>	<input type="checkbox"/>

Application/ Registration fee: \$100 for all new students. (one time fee non refundable)
 Books,tests & materials yearly fee: Pre-Schools & Kindergarten \$150; Elementary \$300.00

Signature of Parent/Guardian: _____

Signature of Director: _____

Date: _____