



Application 2020-2021 School Year

Child's 1st & Last Name (name to be used at school)

Date of Birth ____ / ____ / ____ boy girl

Best Contact ph # _____

How did you hear about us? _____

Mother's Name _____

Address _____ Zip _____

Email Address _____

Father's Name _____

Address _____ Zip _____

Email Address _____

PREFERRED SCHEDULE OPTION - CHECK 1st CHOICE

Ages 3, 4 and 5

AM session 2 Days 9:00am-11:30am

Monday/Tuesday -OR- Thursday/Friday

PM session 2 Days 12:30-3:00pm

Monday/Tuesday

*revised schedule for this 2020-2021

** If your selected option is full (AM vs. PM), you will automatically be offered a spot in the other session in your child's age group. Priority is given to returning students and their siblings in order of applications received.*

Final class assignments are determined by birthdate and are made at Director's discretion.

Terms & Conditions of Registration

- \$100 registration fee must accompany this application. You will be notified in writing about your child's class placement.
- First tuition payment is on or before the 1st day of school
- Partial scholarships available based on need (contact the office for more information).

Parent signature and date:

**For Office Use Only: Date Rec'd _____ CK # _____