



Returning Student/Sibling Request Form

2019-2020

Mother's Name: _____ Father's Name: _____

Child's Name: _____ Child's Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Other Telephone: _____ Email: _____

** Please note that both morning and afternoon programs are the same program. They include the academic work period, circle, lunch, and recess. Both programs are mixed age groups so please choose the program time that works best for you and your child. If you would like to request other days, please list your schedule needs on the lines below.*

PROGRAM INTERESTS

(Check the options you are interested in)

8:30am - 11:30am

Option A: Mon., Wed., & Fri.

Option B: Tues. & Thurs.

Option C: Other _____

12:00 pm - 3:00pm

Option D: Mon., Wed., & Fri.

Option E: Tues. & Thurs.

Option F: Other _____

Monthly Tuition Schedule

Option A or D - \$365

Option B or E - \$255

Option C or F - Varies

Questions, Concerns, Comments: _____
