



Application for Admission 2017-2018

Child's Name: _____
 DOB: __/__/____
 Boy ___ Girl ___
 Address: _____
 City: _____
 State: _____ Zip: _____
 Home phone: _____
 Email: _____
 ___ Current Student
 ___ Member of St. John's Church, Tuckahoe
 Other sibling(s) attend(ed/ing): _____

 How did you hear about us?

Parent 1 Name: _____
 Daytime Phone: _____
 Cell Phone: _____
 Employer: _____
 Address: _____
 Work #: _____
 E-mail: _____

Parent 2 Name: _____
 Daytime Phone: _____
 Cell Phone: _____
 Employer: _____
 Address: _____
 Work #: _____

 E-mail: _____

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Your child must turn the age appropriate for their class by December 1, 2017 or at discretion of the Director. Please indicate your 1st and 2nd choice of sessions:

TWO's Program

2 day (Tues/Thurs) ___AM (9:00-11:15)
 3 day (Mon/Wed/Fri) ___AM (9:00-11:15) (Tues/Wed/Thurs) ___PM (12:30-2:45)

THREE's Program

2 day (Tues/Thurs) ___AM (9:00-11:30)
 3 day (Mon/Wed/Fri) ___AM (9:00-11:30) (Tues/Wed/Thurs) ___PM (12:30-3:00)
 5 day (Mon-Fri) ___AM (9:00-11:30)

FOUR's Program

3 day (Mon/Wed/Fri) ___AM (9:00-11:30)
 5 day (Mon-Fri) ___AM (9:00-11:30)

A **non-refundable \$75 processing fee** is required with this application. Class availability depends upon enrollment for the year. *Refunds: Tuition monies received can be refunded upon a student's withdrawal only if student's class is filled to capacity thereafter.*

Parent's Signature: _____ Date: _____