

Please attach a recent photo of your child here.

Angels at Play Preschool & Kindergarten

PLEASE PRINT

APPLICATION FEE \$50.00

Child's name _____
(last) (first) (middle)

Birthdate ____/____/____ Male ____ Female ____ Nickname, if any _____

Address: _____ Street _____ City _____ Zip _____ Home Phone # _____

Parent/ Guardian's Name _____

Parent/Guardian's Name _____

Employer _____ Occupation _____

Employer _____ Occupation _____

Telephone: Business _____ Cell/Phone # _____

Telephone: Business _____ Cell/Phone # _____

email address _____

email address _____

Child's Physician _____ Phone # _____

Other than Parents, List Emergency contact _____ Cell/Phone # _____

Any allergies? _____ List _____

Referred by: _____ Desired date of Entry: _____

Child lives with _____ Person(s) responsible for tuition _____

Name and age of siblings: _____

What do you expect your child to gain from his/her experience at Angels at Play? _____

Please provide any other pertinent information _____

Primary Language spoken at home _____

Please list any talents or skills you would willing to share with the class or Preschool: _____

Please indicate the session you prefer in order of preference, ie., 1 for your first choice, 2 for your second, etc.

_____ 7:15am-NOON _____ 7:15am-2:00pm _____ 7:15am-5:30pm

TUITION RATES FOR THE 2017-2018 SCHOOL YEAR (SEPTEMBER-MAY)

7:15am-NOON= \$8670. 7:15am-2:00pm= \$9375. 7:15am-5:30pm= \$11,235.

Additional fees: Book fee-\$50 and Comprehensive fee-\$200

***** FOR OFFICE USE ONLY *****

Room _____

Application received _____

Session _____

Date of interview _____

***** APPLICATION FEE - \$50.00 - NON-REFUNDABLE *****