



# Angels at Play Preschool & Kindergarten

Please attach a recent photo of your child here.

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 \_\_\_\_\_ Any prior school experience? If yes, where? \_\_\_\_\_

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 2019-2020 SCHOOL YEAR (SEPTEMBER-MAY)

7:15am-NOON= \$10,150      7:15am-2:00pm= \$11,020      7:15am-5:30pm= \$13,020

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

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

Application received \_\_\_\_\_

Date of Tour \_\_\_\_\_

Room/Session \_\_\_\_\_

Date of interview \_\_\_\_\_

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