## **PLEASE PRINT**

## APPLICATION FEE \$50.00

Child's hame	( +)		(f)t)	•	! J. JI _ \
(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		Cell/Phone #	
email address			email address		
Child's Physician	d's Physician Phone #		Other than Parents, List Emergency contact		Cell/Phone #
Any allergies?	List		Referred by: Desired date of Entry:		
hild lives with		Person(s) responsible for tuition			
Name and age of siblings:					
What do you expect your child to gain	from his/her ex	perience at Ange	ls at Play?		
Please provide any other pertinent inf	ormation				
Primary Language spoken at home			Any prior school experience? If yes, where?		
Please list any talents or skills you wo	uld willing to sh	are with the class	or Preschool:		
Please indicate the session you prefer	in order of pref	erence, ie., 1 for y	our first choice, 2 for your secon	d, etc.	
	•		. ,		
	TUITION RATE	S FOR THE 2023-	2024 SCHOOL YEAR (SEPTEMBE	ER-MAY)	
7:30am-N	OON= \$11,02		m-2:oopm= \$12,500 \$50 and Comprehensive fee-\$:	<b>7:30am-5:00pm= \$13</b> 200	,905
	Additiona	ii iees. Dook iee-			
******			FFICE USE ONLY *****	*****	* * * * * * * * * * *
* * * * * * * * * * * * * * * * * * *	*****	* * * FOR O	FFICE USE ONLY *****  Date of Tour  Date of interview		

\* \* \* \* \* \* \* APPLICATION FEE -

\$50.00 - NON-REFUNDABLE \*\*\*\*\*\*