

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 2018-2019 SCHOOL YEAR (SEPTEMBER-MAY)

7:15am-NOON= \$9,108. 7:15am-2:00pm= \$9,900. 7:15am-5:30pm= \$11,700.

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 \*\*\*\*\*