

Please attach a recent photo of your child here.

Angels at Play Preschool & Kindergarten

PLEASE PRINT

APPLICATION FEE \$50.00

Child's name _____

Birthdate ____/____/____ (last) Male ____ Female ____ (first) (middle) 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 #

Child's Physician Phone # Other than Parents, List Emergency contact Cell/Phone #

Any allergies? 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, i.e., 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 2015-2016 SCHOOL YEAR (SEPTEMBER-MAY)

7:15am-NOON= \$7704 7:15am-2:00pm= \$8334 7:15am-5:30pm= \$9972

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 *****