

EARLY YEARS PRESCHOOL Early Drop Off Application Form 9:00 a.m. – 9:30 a.m. Monday – Friday 2014-2015

CHILD'S FULL NAME				BIRTH DATE			
	GENDER						
ADDRESS	REET						
SIR	(EE I						
CITY PARENTS/GUARDIANS:		STATE ZIP CODE					
MOTHER	F	'H# (home)				(cell)	
FATHER	F	PH# (home)_	l# (home))(cell)_		l)
Family E-mail address	for school communicati	ons (print cle	arly):				
Please check the class	ss and day(s) you are	applying for	early drop o	off for the 2014-	2015 school	<u>year</u>	
	✓ Class Days of t			week to p	participa	te	
	Blue Jay	Monday	O Tuesday	O Wednesday	C Thursday	C Friday	
	Penguin	Monday	C Tuesday	O Wednesday	C Thursday	C Friday	
	Parrot	Monday	 Tuesday	Wednesday	C Thursday	C Friday	
Notes:					Tuition Fees: 1 day/week = \$32/month 2 days/week = \$64/month 3 days/week = \$96/month 4 days/week = \$128/month 5 days/week = \$160/month		
record as an applicant offer may not accomm	form is not a binding con for admission for the ear odate the preferences I h ith the required deposit k	rly drop off pi ave stated in	rogram. I und this applicati	lerstand that if m ion. I also under	y child is offer stand that the	red early dro offer of enr	op off enrollment, the ollment must be
Signature of Parent/Guardian					_	Da	nte