

APPLICATION FOR ENROLLMENT

Child's Name _____ Date _____

Date of Birth _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Mother's Name _____

Father's Name _____

Email _____

EMERGENCY CONTACT _____

Doctor's Name _____ Dr.'s Phone _____

Please Note any Allergies, Physical Problems or Current Special Services _____

2 year old class

2 day AM _____

3rd day AM _____

3 year old class

M/W/F AM _____

4th day __ 5th day __

4 year old class

M-F AM _____

Please mark your preferred class

Tuition Schedule

Please return this form with a \$250 non-refundable deposit. \$100 will be applied toward tuition. \$150 is a registration fee. Tuition for the school year is paid as follows:

*2 Days \$3100 *3 Days \$4100 *4 Days \$4900 * 5 Days \$5600

Tuition is payable in three installments March 1,2015, June 1,2015,September 1, 2015

You may not reduce the number of days for which you have contracted

Mail to: **St. John's Early Learning Center**
 P.O. Box 394, South Salem, NY 10590
 (914) 763-3671
 Director@stjohnselc.com

SIBLING(S) Name _____ Age _____ Current School _____
 Name _____ Age _____ Current School _____
 Name _____ Age _____ Current School _____

We will try to honor your enrollment preferences. However, the Director of the Early Learning Center reserves the right to place a child in the most appropriate class. The school reserves the right to cancel a program without adequate enrollment.

_____ Please check here if you do not wish your address and phone number released. A school directory is issued to all parents.

_____ Please check here if you do not want pictures of your child to appear in the newspaper or website. (Website photos will not include names)

I understand that St. John's ELC reserves the right to request the withdrawal of a student at anytime for reasons consistent with the best interest of the school and the safety of its students. In this case a prorated portion of the tuition will be refunded.

Parent Signature