

## 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		
EMERC	GENCY CONTACT		
Doctor's	s Name		_Dr.'s Phone
Please N	Note any Allergies, Physic	cal Problems or Current S	pecial Services
	<ul><li>2 year old class</li><li>3 year old class</li></ul>		optional days(T)(TH) optional days(T)(TH)
	4 year old class	M-F	optional days(1)(111)
		Please mark your preferred cl	ass

## **Tuition Schedule**

Please return this form with a \$300 <u>non-refundable</u> deposit. \$100 will be applied toward tuition. \$200 is a registration fee. Tuition for the school year is paid as follows:

\*2 Days \$3600

\*3 Days \$5150

\*4 Days \$6200

\* 5 Days \$6800

<u>Tuition is payable in three installments June 1,2024, October 1,2024, February 1, 2025</u>
\*\*\*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 Name	_	Current School Current School		
•	a child in the most	lowever, the Director of the Early Learning appropriate class. The school reserves the nt.		
Please check here if yo school directory is issued to all pa	•	address and phone number released. A		
Please check here if yo or website. ( photos will not inclu	-	ares of your child to appear in the newspape		
I understand that St. John's ELC reserves the right to request the withdrawal of a studer at any time 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.				