



Parent/ Student Pre-Application Form

Continue on back if needed

2012-2013

Mother's Name: _____ Father's Name: _____

Child's Name: _____ Child's Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Other Telephone: _____

Email: _____ Referral By: A friend: _____

Other: _____

PROGRAM INTERESTS

(Check the options you are interested in)

8:30am - 11:30am

- Option A: Mon., Wed., & Fri.
 Option B: Tues. & Thurs.
 Option C: Four Day Program

12:00 pm - 3:00pm

- Option D: Mon., Wed., & Fri.
 Option E: Tues. & Thurs.
 Option F: Four Day Program

Monthly Tuition Schedule

- Option A or D - \$300
Option B or E - \$200
Option C or F - \$400

Child's Interests: _____

Child's Important Personality Traits: _____

Other Helpful Information or Special Considerations: _____



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