



## Returning Student Application Form 2020-2021

Application Date: \_\_\_\_\_

|                                       |  |                    |  |
|---------------------------------------|--|--------------------|--|
| <b>Child's Name:</b>                  |  | <b>Birth Date:</b> |  |
| <b>Child's Nickname</b>               |  |                    |  |
| <b>Physical Address:<br/>(Street)</b> |  |                    |  |
| <b>City, ST, Zip</b>                  |  |                    |  |

|   |   |
|---|---|
| <b><u>Parent 1/Guardian Name:</u></b><br>(To be called first for an emergency)  | <b><u>Parent 2 /Guardian Name:</u></b>  |
| <b>Mailing Address:</b> <input type="checkbox"/> Same as Physical Address Above | <b>Mailing Address:</b> <input type="checkbox"/> Same as Physical Address Above |
| <b>Home Phone:</b>  | <b>Home Phone:</b>  |
| <b>Cell Phone:</b>  | <b>Cell Phone:</b>  |
| <b>Email:</b>   | <b>Email:</b>   |
| <b>Employed at:</b>   | <b>Employed at:</b>   |
| <b>Work Phone:</b>  | <b>Work Phone:</b>  |
| <b>Best way to contact you?<br/>(text, phone, email...)</b>                     | <b>Best way to contact you?<br/>(text, phone, email...)</b>                     |
| <b>During the day:</b>  | <b>During the day:</b>  |
| <b>During the evening:</b>  | <b>During the evening:</b>  |

---

Child's Primary Residence (if not with both parents):

| Names and ages of other children living at home: |    |
|--|----|
| 1.   | 3. |
| 2.   | 4. |

Parent/Guardian  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

An application fee in the amount of \$25.00 is required with this application. Thank you.

## PROGRAM PREFERENCES

| STUDENT INFORMATION |  |               |  |
|---------------------|--|---------------|--|
| Child's Name        |  | Date of Birth |  |

Please indicate your program preference by placing a "1" in the PREFERENCE column next to your first choice. Place, a "2" next to your second choice and so forth. Place an "X" next to any programs you **cannot** accept.

| PREFERENCE | HALF DAY PRESCHOOL Program<br>(8:30 AM to 11:45 AM; five mornings) |   |   |    |   | Tuition (after<br>\$3,445 VT Pre-K<br>Funds deducted) |
|------------|--|---|---|----|---|---|
|            | M  | T | W | Th | F | \$3, 360 (5 mornings)                                 |

| PREFERENCE | FULL DAY PRESCHOOL Program<br>(8:30 AM to 3:00 PM; four options) |   |   |    |   | Tuition (after<br>\$3,445 VT Pre-K<br>Funds deducted) |
|------------|--|---|---|----|---|---|
|            | M  | T | W | Th | F | \$7,720 (5 days)                                      |
|            |  | T | W | Th | F | \$5,540 (4 days)                                      |
|            |  | T | W | Th |   | \$3,360 (3 days)                                      |

Please circle the **Before Care** option below that you prefer.

| BEFORE CARE Program<br>(8:00 AM to 8:30 AM at a cost of \$15/day) |   |   |   |    |   |            |
|---|---|---|---|----|---|------------|
| Occasionally  | M | T | W | Th | F | Not needed |

Parent Signature: \_\_\_\_\_

Date

:

Parent Signature: \_\_\_\_\_

Date

: