



Returning Student Application Form 2018-2019

Application Date: _____

Child's Name:		Birth Date:	
Child's Nickname			
Physical Address: (Street)			
City, ST Zip			

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

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 (8:30 AM to 11:45 AM; five mornings)					Tuition (- \$3,267 VT Pre-K Funds)
	M	T	W	Th	F	\$3,383 (5 mornings)

PREFERENCE	FULL DAY PRESCHOOL Program (8:30 AM to 3:00 PM; four options)					Tuition (- \$3,267 VT Pre-K Funds)
	M	T	W	Th	F	\$7,653 (5 days)
		T	W	Th	F	\$5,469 (4 days)
		T	W	Th		\$3,285 (3 days)

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

BEFORE CARE Program (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

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