

Child's Name: _____ Birth date: _____

Nickname: _____ Gender: _____ Phone #: _____

Street Address: _____

City & Zip: _____

2010 - 2011

Your School District/Twp: _____

Dad's Name: _____ Mom's Name: _____

Occupation: _____ Occupation: _____

Daytime Phone #: _____ Daytime Phone #: _____

Dad's Cell Phone # _____ Mom's Cell Phone # _____

Dad's E-mail: _____ Mom's E-Mail _____

Additional Emergency Names & #'s: _____

Physician's Name & Number: _____

Special medical conditions we should know? (heart conditions; allergies; diabetes etc.) _____

My Class Choice Is: (List preference by number 1 or 2) _____

3 YEAR OLDS
IF "3" by 9-30-10

4 YEAR OLDS
IF "4" by 9-30-10

ALL DAY 3/4/5 Yr OLDS
IF "3" by 9-30-10

Tues/Thurs 9-11:30 am

Tues/Thurs 9-11:30am (2days)

7:30 am to 5:30 pm
circle days desired

____ Mon/Wed 9-11:30 am

____ Mon/Wed/Fri 9-11:30 am (3 days)

Mon Tues Wed Thurs Fri

In making this application I understand that:

· Acceptance at LPDN is only Confirmed with a COMPLETED MEDICAL FORM, a non-refundable \$75 registration fee and this "SIGNED" APPLICATION FORM.

· Tuition is based on a yearly fee of "9" equal payments, due the 5th of each month, Sept thru May. I will not be receiving a bill and will make the payments of my own accord. I also understand that there is a \$25.00 fee for any returned checks that the school may receive back from the bank. A delinquent payment of 60 days or more will result in termination of enrollment.

Signature: _____

In an emergency, Little People Day Nursery has my permission to secure medical care for my child IF the individuals identified above cannot be reached. Date: _____