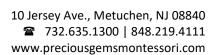




# Application for Admission Renewal

## School Year 2023 - 2024

Name of Student: _				Date of App	lication:	
_	First	Last				MM/DD/YYYY
Date of Birth:	MM/DD/YYYY	A	ge:	Month	Gender:	
Student's Address:	Street					
	City		State		Zip Code	
Home Phone:		E-	mail Addres	ss:		
Mother:	Eiret	Lact	_ Cell Ph	ione:		
Occupation:			_ Work F	Phone:		·
Father:	First	Last	_ Cell Ph	none:		
Occupation:			_ Work F	Phone:		
Name of Pediatricia	n:		Phone	·:		
Emergency Contacts	(other than pa	rents):				
1. Name:			_ Phone	e:		
	First	Last				
2. Name:	First	Last	_ Phone	e:		
1. Name:		Age:	Gender:	School	l:	
2. Name:		Age:	Gender:	School	l:	
3. Name:		Age:	Gender:	School	l:	
	Date of Birth: Student's Address:  Home Phone:  Mother:  Occupation:  Father:  Occupation:  Name of Pediatricia  Emergency Contacts  1. Name:  2. Name:  1. Name:  2. Name:	Date of Birth:    MM/DD/YYYY	Date of Birth: A_ MM/DD/YYYY  Student's Address: Street	Date of Birth:   Age:	Date of Birth:   Age:	Date of Birth:





## 1. Please choose a program

Program	Age (by Oct 1)	Check One
Toddler	1.5 – 3 years	0
Preprimary	3 – 5 years	0
Kindergarten	5 – 6 years	0

### 2. Please choose a session

Core Session	Timings	5 days/week	3 days/week
Full-Day + Extended Hours (Before & After)	7:00am – 6:30pm	$\bigcirc$	0
Full-Day	8:45am – 3:15pm	$\circ$	0
Half-Day (Morning)	8:45am – 11:30am	$\bigcirc$	0
Half-Day (Afternoon)	12:30pm – 3:15pm	0	0

### 3. Please indicate Extended Care options

Extended Care Session	Timings	5 days/week	3 days/week
Before Care	7:00am – 8:45am	0	0
After Care	3:15pm – 6:30pm	$\cap$	0

Does your child have any allergies and/or diet	tary restrictions? Please indicate.
Parent's Signature:	Date:
	MM/DD/YYYY