

APPLICATION FORM

I, as parent or guardian, enclose a non-refundable \$35.00 application fee for my child.

Print: _____
(Child's full name) (Birthdate)
_____ Male _____ Female (Please check one)

requesting the reservation of a place for my child at the Early Learning Center for the school year _____.

I agree to pay: 1/2 of the tuition by May 1st
1/4 of the tuition by September 1st
1/4 of the tuition by January 1st

No child will be admitted to class until the required tuition is paid. Should I withdraw my child after May 1st of the coming school year, I understand that I will be liable for the full year's tuition. Tuition refunds will not be granted for withdrawals or absences from the program.

Finance Charge: If I do not pay the entire balance when due, I will incur and pay a finance charge. The finance charge is computed at 10% of the unpaid balance.

Print: _____
(Mother's Full Name) (Father's Full Name)

Home Address: _____

City _____ State _____ Zip _____ Telephone _____

Father's Occupation Mother's Occupation

Business Name Business Name

Address Address

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Telephone Telephone

Signature of Parent/Guardian Date

How did you learn about us? _____

CLASS PREFERRED (please check one)

9:15-11:45 _____ Two Day Morning Class - Three Year Olds - Tues./Thurs. - \$ _____

9:15-11:45 _____ Three Day Morning Class - Four Year Olds - Mon./Wed./Fri. - \$ _____

12:45-3:15 _____ Pre-K Class - 5 Afternoons - Mon./Tues./Wed./Thurs./Fri. - \$ _____



315 Plainville Avenue (Rt. 177) • Unionville, CT 06085
(860) 675-0200