

APPLICATION FOR

The CHILDREN'S School

REGISTRATION OPENS FEBRUARY 23, 2009
FALL, 2009

Child's Name _____

Nickname _____ Birthdate _____

Parents' Names _____

Address _____

Languages Spoken _____ Phone _____

Email _____ Cell Phone _____

A one-month non-refundable deposit is required for all new students. If your child is enrolled during the 2008-09 school year, a \$75 non-refundable deposit is all that is required.

I wish to enroll my child in The Children's School on the following basis:

PRE-KINDERGARTEN (M, T, W, TH, F)

Child must be 4 by 12/1/09

_____ 5-day a.m. program 9 a.m. - 12 p.m. - \$595

_____ 4-day a.m. program 9 a.m. - 12 p.m. - \$525

_____ 5-day p.m. program 1 p.m. - 4 p.m. - \$595

_____ 4-day p.m. program 1 p.m. - 4 p.m. - \$525

NURSERY (M, T, W, TH, F)

Child must be 3 by 12/1/09

_____ 3-day a.m. program 9 a.m. - 12 p.m. - \$450

_____ 3-day p.m. program 1 p.m. - 4 p.m. - \$450

_____ 4-day a.m. program 9 a.m. - 12 p.m. - \$525

_____ 4-day p.m. program 1 p.m. - 4 p.m. - \$525

_____ 5-day a.m. program 9 a.m. - 12 p.m. - \$595

PLAY GROUP

Child must be 2 by 6/1/09

_____ 2-day a.m. program 9 a.m. - 11:30 a.m. - \$400

_____ 2-day p.m. program 12 p.m. - 2:30 p.m. - \$400

COME AND PLAY (Our After Care Program)

Child must be between 3-5 years old

\$10 per hour or monthly rate if registered for everyday

Days _____

Hours _____

I have enclosed a deposit of _____

I understand that the deposit is non-refundable and will be credited to the May 2009 tuition payment and all other payments will be made by the 12th of each month.

Parent's Signature _____

Applicants will be placed in the appropriate class on a first come, first served basis.

Later applicants will be placed in appropriate classes or put on the waiting list.

The Children's School reserves the right to balance the classes with boys and girls.

_____ waiting list -or- _____ another class

_____ Please send Kinder Camp Application

THE CHILDREN'S SCHOOL PHONE: (631) 632-5022 OR (631) 632-5017

STONY BROOK SOUTHAMPTON PHONE: (631) 632-8000

FAX: (631) 632-5037



239 Montauk Highway Southampton, NY 11968