



**CONTINUING APPLICATION
2019-2020 SCHOOL**

Child's Name:	Date:
Date of Birth:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
Address:	Email:
City/State/Zip:	Start Date: September 2019

Please list any allergies or medical conditions your child may have that we should be aware of:

Mother's Name:	Home Phone:
Address:	Work Phone:
City/State/Zip:	Cell Phone:

Father's Name:	Home Phone:
Address:	Work Phone:
City/State/Zip:	Cell Phone:

Please check which program you would like your child to attend:

Check	Age Group	Type	Duration	Hours
<input type="checkbox"/>	3 year old AM	Preschool Class	2.5 hours	9:00-11:30
<input type="checkbox"/>	3 year old PM	Preschool Class	2.5 hours	12:30-3:00
<input type="checkbox"/>	4 year old AM	Preschool Class	2.5 hours	9:00-11:30
<input type="checkbox"/>	4 year old PM	Preschool Class	2.5 hours	12:30-3:00
<input type="checkbox"/>	2 year old Tu/Th playgroup	Playgroup #1	90 minutes	8:30-10:00
<input type="checkbox"/>	2 year old Tu/Th playgroup	Playgroup #2	90 minutes	10:15- 11:45

Preschool and Playgroup Rates: 2 day preschool rate- \$110 per month 4 day preschool rate- \$170 per month
 3 day preschool rate- \$140 per month 5 day preschool rate- \$200 per month
 Playgroup rate- \$100 per month

For **Preschool class** registration only please **CIRCLE** the days you would like your child to attend:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Do you have another child currently enrolled in Academy Nursery School or Helping Hands School? Y or N

Office use only- Date Received: _____ Physical Received: _____