

office use only: Application Rec'd _____ Contract Mailed _____ Due _____ Contract Rec'd _____

Registration paid _____ Class placement _____

**SECOND PRESBYTERIAN WEEKDAY SCHOOL
INFANT/TODDLER PROGRAM
ENROLLMENT APPLICATION FORM
2019-20 SCHOOL YEAR**

CHILD'S PROFILE INFORMATION

Print all information as it should appear in the school directory.

Child's full name: _____ "Nickname" or name to be used in classroom: _____

Date of Birth: _____ Gender: _____

Parent(s) name(s): _____

Mailing address: _____ Zip _____

E-Mail address: _____

Telephone:(home) _____ (work) _____ (cell) _____

Please identify agencies and/or services your child is receiving or has received in the past, i.e., speech, occupational therapy, physical therapy, other: _____

Please identify previous school/program that your child attend(s): _____

Please identify siblings, and their current school: _____

Preferences: Please indicate your preferences for your child's age group by marking a 1 or 2 beside each choice. *You will only be considered for options you choose. Choices include 2 to 5 days/week only.*

All classes meet from 9:00 a.m.-12:00 p.m. (Flexible early morning and extended day available. See below).

INFANT-TODDLER CARE

INFANTS (6 Weeks-walking)

Class Maximum: 6 infants per day

Number of Days Attending: _____

First Choice:

M _____ T _____ W _____ Th _____ F _____

Second Choice:

M _____ T _____ W _____ Th _____ F _____

TODDLERS (Walking-18 months)

Class Maximum: 10 children per day

Number of Days Attending: _____

First Choice:

M _____ T _____ W _____ Th _____ F _____

Second Choice:

M _____ T _____ W _____ Th _____ F _____

TODDLERS (18-23 months)

Class Maximum: 10 children per day

Number of Days Attending: _____

First Choice:

M _____ T _____ W _____ Th _____ F _____

Second Choice:

M _____ T _____ W _____ Th _____ F _____

Non-Refundable Registration Fee \$200

Final Class schedule will be based on interest and enrollment needs. Coordinator will make final class placement.

OPTIONAL EXTENDED DAY OFFERINGS ARE AVAILABLE

- Early Morning Care (8:00 a.m. – 9:00 a.m.)
- Extended Day (12:00 p.m. – 3:00 p.m.)
- After Care (3:00 p.m. – 5:00 p.m.)

ENROLLMENT INFORMATION

- _____ Child's parents are members of Second Presbyterian Church.
- _____ Child is currently enrolled in the Weekday School.
- _____ Child is sibling of currently enrolled child(ren) or alumnus sibling.
- _____ Child's parent is alumnus.
- _____ Child is from community-at-large.

~I have read the Registration and Enrollment Policy including the section on Priority for Class Assignments. I understand that applications from the community-at-large will be placed in a "waiting folder" for possible assignment for the 2019-20 year, in accordance with that policy.

~I understand that to enroll, my child must have an *updated immunization certificate* on file prior to entrance.

If you wish to be considered for financial assistance, please notify the school office by December 1 and request necessary forms.

Parent's Signature: _____

Date: _____

Second Presbyterian Weekday School affirms its commitment to cultural diversity and welcomes all preschool aged persons, without regard for race, national origin, sex or religion.