

# Scarborough Presbyterian Children's Center

671 Scarborough Road  
Scarborough, NY 10510  
(914) 941-0025, ext. 17  
2008-2009

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## CHILD'S INFORMATION

CHILD'S NAME \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

Home Phone # \_\_\_\_\_

### Mother's Information

### Father's Information

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Cell # \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell # \_\_\_\_\_ E-mail: \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Person to notify in an emergency : \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

Child's Physician : \_\_\_\_\_ Phone Number \_\_\_\_\_

Adults in home other than parents:  
\_\_\_\_\_

Any additional information which might affect your child's adjustment in school: \_\_\_\_\_

Any medical information that may affect your child's learning style? \_\_\_\_\_

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SESSION PREFERRED : PLEASE INDICATE YOUR FIRST AND SECOND CHOICES FOR SCHEDULING

CLASSES / AGES	DAYS	SCHEDULE	Please put # 1 for 1st choice & # 2 for 2nd choice <u>MORNING</u>	Please put # 1 for 1st choice & # 2 for 2nd choice <u>AFTERNOON</u>
TWO'S - 2 as of 9/1/09	3 DAYS	MON./WED./FRI.	AM 9:00-11:30 _____	
TWO'S - 2 as of 9/1/09	2 DAYS	TUE./THUR.	AM 9:00—11:30 _____	
TWO'S - 2 as of 9/1/09	2 DAYS	TUE./THUR.		PM 12:30—2:30 _____
TWO'S - 2 as of 9/1/09	3 DAYS	TUE./WED./THURS.		PM 12:30—2:30 _____
Three's—3 as of 12/1/09	5 DAYS	MON.—FRI.	AM 9:00—11:30 _____	
THREE'S - 3 as of 12/1/09	3 DAYS	MON./WED./FRI.	AM 9:00—11:30 _____	
FOUR'S - 4 as of 12/1/09	5 DAYS	MON.—FRI.	AM 9:00—11:30 _____	
FOUR'S - 4 as of 12/1/09	4 DAYS	TUES./WED./THURS./ FRI. AFTERNOON		P.M. 12:30—3:00 _____

**Please make all checks payable to: SPCC**

**1ST PAYMENT DUE FEBRUARY 15th WITH CONTRACT SIGNING - one-sixth of annual tuition due (non-refundable)**

**2ND PAYMENT DUE MAY 15th - one-sixth of annual tuition due**

**3RD PAYMENT DUE JULY 15 - one-third of annual tuition due**

**4TH PAYMENT DUE NOVEMBER 15 - one-third of annual tuition due**

**\*\* Any comments regarding schedule or special needs, please explain here:**

**I have read the tuition policies and agree to the terms.**

**Signature \_\_\_\_\_**

**Date \_\_\_\_\_**