

Scarborough Presbyterian Children's Center

671 Scarborough Road
Scarborough, NY 10510
(914) 941-0025
2011-2012

CHILD'S INFORMATION

Name: _____ DOB: _____ Gender: _____

Address: _____ City/State/Zip: _____

Home Phone: _____

MOTHER'S INFORMATION

Name: _____ Address: _____

City/State/Zip: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Employer: _____ Business Phone: _____

FATHER'S INFORMATION

Name: _____ Address: _____

City/State/Zip: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Employer: _____ Business Phone: _____

Person to notify in an emergency (other than parent): _____

Relationship: _____ Phone: _____

Child's Physician: _____ Phone: _____

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? _____

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

<i>CLASSES/AGES</i>	<i>DAYS</i>	<i>SCHEDULE</i>	<i>MORNING</i> <i>Indicate #1 for 1st choice, #2 for second.</i>	<i>AFTERNOON</i> <i>Indicate #1 for 1st choice, #2 for second.</i>
Two's—2 as of 9/1/11	3 Days	Mon./Wed./Fri.	AM 9:00—11:30	
Two's—2 as of 9/1/11	2 Days	Tue./Thur.	AM 9:00-11:30	
Three's –3 as of 12/1/11	5 Days	Mon. through Fri.	AM 9:00-11:30	
Three's—3 as of 12/1/11	4 Days	Tues. through Fri.		PM 12:30-3:00
Three's—3 as of 12/1/11	3 Days	Mon./Wed./Fri.	AM 9:00-11:30	
Four's—4 as of 12/1/11	5 Days	Mon. through Fri.	AM 9:00-11:30	
Four's—4 as of 12/1/11	4 Days	Tues. through Fri.		PM 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 _____

For Office Use:

Date Received: _____ Time: _____ Number: _____

Check #: _____ Received By: _____