

# Scarborough Presbyterian Children's Center

671 Scarborough Road  
Scarborough, NY 10510  
(914) 941-0025  
2013-2014

## 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>Please Select choice in box below:</i>	<i>CLASSES/AGES</i>	<i>DAYS</i>	<i>SCHEDULE</i>	<i>Times Offered</i>
	Two's—2 as of 9/1/13	3 Days—Morning	Mon./Wed./Fri.	AM 9:00—11:30
	Two's—2 as of 9/1/13	2 Days—Morning	Tue./Thur.	AM 9:00-11:30
	Three's —3 as of 12/1/13	5 Days—Morning	Mon. through Fri.	AM 9:00-11:30
	Three's—3 as of 12/1/13	3 Days—Morning	Mon./Wed./Fri. ONLY	AM 9:00-11:30
	Three's—3 as of 12/1/13	4 Days Afternoon Only	Tues. through Fri.	PM 12:30-3:00
	Four's—4 as of 12/1/13	5 Days—Morning	Mon. through Fri.	AM 9:00-11:30
	Four's—4 as of 12/1/13	4 Days Afternoon Only	Tues. through Fri.	PM 12:30-3:00

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

**1ST PAYMENT DUE FEBRUARY 15th WITH CONTRACT SIGNING - 1/8 of annual tuition due (non-refundable)**

**2ND PAYMENT DUE MAY 15th - 1/8 of annual tuition due**

**3RD PAYMENT DUE JULY 15 - 1/4 of annual tuition due**

**4TH PAYMENT DUE SEPTEMBER 15 - 1/4 of annual tuition due**

**5TH PAYMENT DUE NOVEMBER 15 - 1/4 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: \_\_\_\_\_