

Scarborough Presbyterian Children's Center
671 Scarborough Road
Scarborough, NY 10510
914-941-0025 – spchildrenscenter@yahoo.com

2015-2016 Registration Application

Child's Information:

Name: _____ Date of Birth: _____ 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: _____

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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 to school: _____

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

Session Preferred: Please indicate your first and second choices for scheduling:

Please Select choice in box below:	Classes/Ages	Days	Schedule	Times Offered
	Two's – 2 as of 9/1/15	3 days – Morning	Mon./Wed./Fri.	AM 9:00 – 11:30
	Two's – 2 as of 9/1/15	2 day – Morning	Tue./Thur.	AM 9:00 – 11:30
	Three's – 3 as of 12/1/15	5 day – Morning	Mon. through Fri.	AM 9:00 – 11:30
	Three's - 3 as of 12/1/15	3 day – Morning	Mon./Wed./Fri.	AM 9:00 – 11:30
	Three's – 3 as of 12/1/15	4 day – Afternoon	Tues. through Fri.	PM 12:30 – 3:00
	Four's – 4 as of 12/1/15	5 day – Morning	Mon. through Fri.	AM 9:00 – 11:30
	Four's – 4 as of 12/1/15	4 day – Afternoon	Tues. through Fri.	PM 12:30 – 3:00

\$50 Registration fee is due with application submission. Please make all checks payable to: SPCC

1st payment due February 15th – with contract signing (1/8th of annual tuition due – non-refundable)

2nd payment due May 15th – 1/8th of annual tuition due

3rd payment due July 15th – 1/4th of annual tuition due

4th payment due September 15th – 1/4th of annual tuition due

5th payment due November 15th – 1/4th 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: _____	