

# Scarborough Presbyterian Children's Center

671 Scarborough Road  
Scarborough, NY 10510  
(914) 941-0025 ext-17  
2007 – 2008

---

## CHILD'S INFORMATION

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone # \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

### Mother's Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Cell # \_\_\_\_\_  
Email \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_

### Father's Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Cell# \_\_\_\_\_  
Email \_\_\_\_\_  
Home 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:

\_\_\_\_\_

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

| Classes/Age                              | Days  | Schedule   | Please put #1 for 1 <sup>st</sup> and #2 for 2 <sup>nd</sup> choice<br><u>MORNING</u> | Please put #1 for 1 <sup>st</sup> and #2 for 2 <sup>nd</sup> choice<br><u>AFTERNOON</u> |
|--|---|--|---|---|
| TWO's - 2 as of 9/1/07                   | 3 days  | Mon/Wed/Fri  | AM 9-11:30<br># _____   |   |
| TWO's - 2 as of 9/1/07                   | 2 days  | Tue/Thu  | AM 9-11:30<br># _____   |   |
| THREE's - 3 as of 12/1/07                | 5 days  | Mon-Fri  | AM 9-11:30<br># _____   |   |
| THREE's - 3 as of 12/1/07                | 4 days  | Tues-Fri   |   | PM 12:30-2:30<br># _____  |
| THREE's - 3 as of 12/1/07                | 3 days  | Mon/Wed/Fri  | AM 9-11:30<br># _____   |   |
| FOUR's - 4 as of 12/1/07                 | 5 days  | Mon-Fri  | AM 9-11:30<br># _____   |   |
| FOUR's - 4 as of 12/1/07                 | 4 days  | Tue-Fri  |   | PM 12:30-2:30<br># _____  |
| Afternoon Enrichment for 3 - 5 year olds | Classes are offered on Tuesday, Wednesday, Thursday & Friday afternoons | Children can attend one, two, three or all four afternoon sessions |   | PM 12:30-2:30<br>Tuesday #____<br>Wednesday #____<br>Thursday #____<br>Friday #____     |

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

1<sup>st</sup> Payment due February 15<sup>th</sup> with contract signing – one sixth of annual tuition (non-refundable)

2<sup>nd</sup> Payment due May 15<sup>th</sup> – one sixth of annual tuition

3<sup>rd</sup> Payment due July 15<sup>th</sup> – one third of annual tuition

4<sup>th</sup> Payment due November 15<sup>th</sup> – one third of annual tuition

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

---



---

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

Signature \_\_\_\_\_ Date \_\_\_\_\_