



School Use Only: Date: _____ School Year: _____ Registration Fee Paid _____ Check#: _____ Cash: _____ 10% sibling discount: _____ Program: _____ Request(s): _____

APPLICATION FOR ENROLLMENT
PLEASE PRINT

Child's Name _____ Gender _____ Date of Birth _____

Address _____ Town, Zip _____

Home Phone _____ Elementary School and District _____

Mother's Name _____ Cell Phone # _____

Business Phone # _____ Email _____

Occupation/Place of Employment _____

Father's Name _____ Cell Phone # _____

Business Phone # _____ Email _____

Occupation/Place of Employment _____

How did you hear about our Preschool? _____

Other Children in Family

<u>FIRST NAME</u>	<u>GENDER</u>	<u>DATE OF BIRTH</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Family Physician _____ Phone # _____

Address _____

In case of emergency (if parents cannot be reached) contact:

Name _____ Phone # _____

Address _____ Relationship to child _____

Is this person authorized to pick up your child from preschool? Yes _____ No _____

Name _____ Phone # _____

Address _____ Relationship to child _____

Is this person authorized to pick up your child from preschool? Yes _____ No _____

Is your child receiving special services from another group? _____

If so, what type and from whom? _____

Is there any additional information we should know that might help us in working with your child? Include items such as divorce, previous schooling, physical disabilities, etc.

Does your child have any allergies? If so, please list _____

PARENT INFORMATION

- An \$80.00 registration fee MUST accompany this application. We require only one registration fee per family. This is a non-refundable fee paid by cash or check made payable to Seaford Community Preschool. All enrollments are based on a first-come, first-serve basis and we must receive BOTH the application and registration fee to secure placement.
- Medical forms indicating most current immunizations and proof that they are free from contagious and communicable diseases signed and stamped by your doctor's office must be submitted for each child BEFORE they can begin.
- Your tuition is due on the FIRST CLASS SESSION of each month.
- A 10 % sibling tuition discount is available when enrolling more than 1 (one) child in a school year.
- Permission is hereby granted in case of emergency, when neither parents, nor family physician cannot be reached, to have my child attended by a physician selected by the school.
- Please indicate your permission to place your contact information on a class list.
Yes _____ No _____

I HAVE READ THIS APPLICATION AND AGREE TO THE TERMS:

Signature of Parent or Guardian

Program Selection (please check)

_____ 2½ Year Old Class (T/TH, 10:00 – 12:00)
3 Year Old Classes
2x/week _____ (T/TH, 10:00 – 12:30)
3x/week _____ (M/W/F, 10:00 – 12:30)
3x/week _____ (M/W/F, 10:00 - 1:30)
4 Year Old Classes
3x/week _____ (M/W/F, 9:30 – 12:00)
5x/week _____ (M-F, 9:30 – 12:00)
Kindergarten Readiness _____ (M/W/F, 12:00 – 2:30)



2022-2023 Programs

Class	Age*	Days	Time	Price
2 x 2 (2x/week)	2 ½ years	Tuesdays & Thursdays	10:00am – 12:00pm	\$236.00/month
3 x 2 (2x/week)	3 years	Tuesdays & Thursdays	10:00am – 12:30pm	\$257.00/month
3 x 3 (3x/week)	3 years	Mondays, Wednesdays & Fridays	10:00am – 12:30pm	\$334.00/month
3 x 3 (3x/week)	3 years	Mondays, Wednesdays & Fridays	10:00am – 1:30pm	\$409.00/month
4 x 3 (3x/week)	4 years	Mondays, Wednesdays & Fridays	9:30am – 12:00pm	\$334.00/month
4 x 3 + KR (Kindergarten Readiness Program)	4 Years	Mondays, Wednesdays & Fridays	9:30am – 2:30pm	\$535.00/month
4 x 5 (5x/week)	4 years	Monday - Friday	9:30am – 12:00pm	\$448.00/month
4 x 5 + KR (Kindergarten Readiness Program)	4 Years	Mondays, Wednesdays & Fridays Tuesdays & Thursdays	9:30am – 2:30pm 9:30am – 12:00pm	\$637.00/month

***Program Information:**

-children must be 2½ years of age to enter our 2x2 class

-children must be 3 or 4 years of age by December 1st

-Kindergarten Readiness Program runs October through June