



**Stony Brook Location**

Director: Kristin Cline  
10 Mill Pond Rd., Stony Brook, NY 11790  
Phone: 631-675-6901 Fax: 631-751-2308  
Email: Kristin@MillPondSchool.org

**Setauket/Port Jeff Location**

Director: Sarah Gounaris  
385 Old Town Rd., Port Jefferson Station, NY 11776  
Phone: 631-252-1848 Fax:  
Email: Sarah@MillPondSchool.org

www.MillPondSchool.org

**ENROLLMENT/REGISTRATION APPLICATION: 2017/2018**

How did you hear about us?  Website  Internet Search  Mailing  ValPak  Preschool Fair

Did someone refer you? \_\_\_\_\_  Other \_\_\_\_\_

**CHILD INFORMATION**

Today's Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

D.O.B./Due Date: \_\_\_\_\_ Gender: Male  Female  Desired Start Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

**CONTACT INFORMATION**

Name of Person Applying : \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Primary Email (if different from above): \_\_\_\_\_

**REQUESTED SCHEDULE**

\*Tuition and attendance will be based on the following schedule.

	Time In	Time Out
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this application to the location you wish to enroll your child (see above). We will contact you when your application has been processed. Once accepted, a non-refundable \$100 registration fee and a non-refundable deposit in the amount of 2 weeks tuition will be required to hold your child's spot. The deposit goes toward your child's last 2 weeks of care.**