



## APPLICATION FORM 2017-2018

Please return this application with a non-refundable \$50 registration fee. Your application will be processed on a timely basis. We make every effort to honor class selections. Changes to schedule may occur due to minimum number of students required. Please complete both front and back of form.

A non-refundable \$100.00 deposit toward tuition is due by 3/31/2017.  
Balance of first month's tuition is due by 8/1/2017.

Date \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Mother \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician/Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

### Notifications

Emergency contact if parents are not available (relative, friend, or neighbor):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip Code)

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

**(OVER)**

**Permission to Share Contact Information**

I give my permission for our home mailing and email address to be released for the Class List. This list will only be distributed to The Schoolhouse teachers and families in my child’s class to be used only for school functions, announcements, and social events both inside and outside of the classroom.

\_\_\_\_\_

Parent’s Signature

Date

**Permission to Photograph**

I give my permission to The Schoolhouse to photograph my child for use in class projects, as well as, on the secured class website page. At no time will photographs be used for public access.

\_\_\_\_\_

Parent’s Signature

Date

Other schooling? Yes / No

If yes, please list: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

***Thank you for choosing The Schoolhouse Nursery School and Kindergarten! Please remember to call anytime with questions, changes in your plans, or changes of address (e-mail &/or residence) and phone numbers.***

**For Office use only:**

Class\_\_\_\_\_

Teacher\_\_\_\_\_

Days\_\_\_\_\_ AM / PM

Check #\_\_\_\_\_

Amount\_\_\_\_\_