

Scarborough Presbyterian Children's Center

671 Scarborough Road
Scarborough, NY 10510
(914) 941-0025, ext. 17
2008-2009

CHILD'S INFORMATION

CHILD'S NAME _____

Date of Birth _____ Gender _____

ADDRESS _____

Home Phone # _____

CITY/STATE/ZIP _____

Mother's Information

Father's Information

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Employer _____

Employer _____

Cell # _____ E-mail: _____

Cell # _____ E-mail: _____

Home Phone _____

Home Phone _____

Business 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 / AGES	DAYS	SCHEDULE	Please put # 1 for 1st choice & # 2 for 2nd choice <u>MORNING</u>	Please put # 1 for 1st choice & # 2 for 2nd choice <u>AFTERNOON</u>
TWO'S - 2 as of 9/1/09	3 DAYS	MON./WED./FRI.	AM 9:00-11:30 _____	
TWO'S - 2 as of 9/1/09	2 DAYS	TUE./THUR.	AM 9:00—11:30 _____	
TWO'S - 2 as of 9/1/09	2 DAYS	TUE./THUR.		PM 12:30—2:30 _____
TWO'S - 2 as of 9/1/09	3 DAYS	TUE./WED./THURS.		PM 12:30—2:30 _____
Three's—3 as of 12/1/09	5 DAYS	MON.—FRI.	AM 9:00—11:30 _____	
THREE'S - 3 as of 12/1/09	3 DAYS	MON./WED./FRI.	AM 9:00—11:30 _____	
FOUR'S - 4 as of 12/1/09	5 DAYS	MON.—FRI.	AM 9:00—11:30 _____	
FOUR'S - 4 as of 12/1/09	4 DAYS	TUES./WED./THURS./ FRI. AFTERNOON		P.M. 12:30—3:00 _____

Please make all checks payable to: SPCC

1ST PAYMENT DUE FEBRUARY 15th WITH CONTRACT SIGNING - one-sixth of annual tuition due (non-refundable)

2ND PAYMENT DUE MAY 15th - one-sixth of annual tuition due

3RD PAYMENT DUE JULY 15 - one-third of annual tuition due

4TH PAYMENT DUE NOVEMBER 15 - one-third 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 _____