

# Scarborough Presbyterian Children's Center

671 Scarborough Road  
Scarborough, NY 10510  
(914) 941-0025, ext. 17  
2010-2011

## CHILD'S INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

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

## MOTHER'S INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

## FATHER'S INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Person to notify in an emergency (other than parent): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

<i>CLASSES/AGES</i>	<i>DAYS</i>	<i>SCHEDULE</i>	<i>MORNING</i> <i>Indicate #1 for 1st choice, #2 for second.</i>	<i>AFTERNOON</i> <i>Indicate #1 for 1st choice, #2 for second.</i>
Two's—2 as of 9/1/10	3 Days	Mon./Wed./Fri.	AM 9:00—11:30	
Two's—2 as of 9/1/10	2 Days	Tue./Thur.	AM 9:00-11:30	
Three's –3 as of 12/1/10	5 Days	Mon. through Fri.	AM 9:00-11:30	
Three's—3 as of 12/1/10	4 Days	Tues. through Fri.		PM 12:30-3:00
Three's—3 as of 12/1/10	3 Days	Mon./Wed./Fri.	AM 9:00-11:30	
Four's—4 as of 12/1/10	5 Days	Mon. through Fri.	AM 9:00-11:30	
Four's—4 as of 12/1/10	4 Days	Tues. through Fri.		PM 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 \_\_\_\_\_

**For Office Use:**

Date Received: \_\_\_\_\_ Time: \_\_\_\_\_ Number: \_\_\_\_\_

Check #: \_\_\_\_\_ Received By: \_\_\_\_\_