

**LARCHMONT AVENUE CHURCH PRE-SCHOOL
APPLICATION FORM - 2018-19
Four year old**

CHILD'S NAME _____ DOB: _____ M: ___ F: ___

ADDRESS _____

PHONE: _____ CELL: _____ EMAIL: _____

Please indicate: ___ Current student ___ New Child SIBLING OF: ___ current or ___ past student

This application is required to reserve a place in the pre-school for your child next year.

IT DOES NOT GUARANTEE PLACEMENT IN A PARTICULAR CLASS.

INITIAL PAYMENT INCLUDES:

- a. \$50.00 registration fee which is ***non-refundable***.
- b. 1st installment which is non-refundable upon acceptance of your child(ren) into the program.

A child is registered and accepted:

- 1. if your 1st choice of class placement is available when registration is received
- 2. if you agree to accept placement in your 2nd choice and wait listed for 1st.

CLASS CHOICE:

- A. Please indicate 1st and 2nd choices. Send in required registration fee.
- C. If your 1st choice is not available,
 - 1. your child will be placed in the class which represents your second choice
 - 2. if you do not want your child placed in our second choice, you must notify the school office in writing within 7 days. **There will be no refund without dated and signed notification.**

AM CLASS (9-11:45)	TUITION	Initial Payment
_____ 5 DAY	\$7350	\$1875

PM CLASS (12:30-3:15)	TUITION	Initial Payment
_____ 5 DAY	\$7350	\$1875

- Monthly payment option available upon request, see Mrs. G.

Notification of acceptance will be mailed to you by Dec. 21ST.

_____ Parent signature _____ Date

OFFICE: DATE _____ CK# _____ AMT _____ (cm cs ps new)