



REGISTRATION FORM

CHILD'S NAME _____

DATE OF BIRTH _____

ADDRESS _____

PHONE (home & cell) _____

MOTHER'S NAME _____

FATHER'S NAME _____

BUSINESS NAME _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

BUSINESS PHONE _____

PROGRAM DESIRED _____

E-MAIL _____

START DATE _____

PROGRAMS

Pre-School (3 & 4 year old) full day

Number of days required _____

M T W Th F (please circle days needed)

Extended Hours AM only*

Number of days required _____

M T W Th F (please circle days needed)

Terrific Two's

Number of days required _____

M T W Th F (please circle days needed)

Before /After school program

Number of days required _____

M T W Th F (please circle days needed)

Please circle-Before, After or both

I will need full days when school is not in session Y____N____

Extended hours (until 3:30 PM) are available in our AM pre-school program.
(This program runs on the Ossining School Calendar)

Non-refundable \$125.00 deposit must accompany this form

A second child will receive a 10% discount-full rate applies to the youngest child