

3 to 5 Year Old Application – Dobbs Ferry Location Only
 Summer Program – 2017 – NEW HOURS
 June 26th – August 4th (6 week program)



Dates of Attendance _____ to _____ (consecutive weeks)

Child's T-Shirt Size (circle one) XS (2-4) S (6-8) M (10-12)

Child's Name _____ Street _____

Phone _____ City _____

Date of Birth _____ Zip _____

Parent #1 Name _____ Parent #2 Name _____

Parent #1 Cell Phone _____ Parent #2 Cell Phone _____

Parent #1 Business Phone _____ Parent #2 Business Phone _____

Parent #1 E-Mail Address _____ Parent #2 E-Mail Address _____

Parent's Signature _____

\$1,000.00 deposit due with application Balance due June 1, 2017

Enrollment deposits are non refundable after April 7, 2017 Summer program is closed on Tuesday, July 4, 2017

Circle session and tuition amount for desired program

3-5 Year Olds Morning Program

(9:00 am to 1:00 pm) – New Hours!

	4 Weeks	5 Weeks	6 Weeks
Monday - Friday	\$1,580	\$1,950	\$2,305

Deposit _____

Balance _____

Child Information Form

Please complete and return with your child's summer application.

Child's Name _____ Date of Birth _____

1. Does your child have any allergies? _____

Please describe in detail including your child's reaction. _____

2. Is your child on any medication? Yes No

If yes, please list name of medication and dosage. _____

3. Has your child had an evaluation? _____

4. Does your child receive any services through Early Intervention or Pre-School Special Education?

Yes No

If yes, what type of service, who is the Service Provider and how often does your child receive services? _____

5. Is your child a risk taker or a runner? _____

6. Is your child toilet trained? _____

7. What is the primary language in your home? _____

8. Is your child bi-lingual? _____ Languages spoken _____

9. What is your child's language ability? (One or two word phrases, full sentences, etc.)

10. Is there a caregiver? _____ Name and hours _____

11. Is there any additional information you would like us to know about your child?

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