



**Toddler Application - Crane Road Location Only**  
**Summer Program - 2017**  
**June 26<sup>th</sup> – August 4<sup>th</sup> (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 program desired**

**New Twos Program (9:00 am -11:30 am)**

*Children must be two years old by September 26, 2017*

	<b>4 Weeks</b>	<b>5 Weeks</b>	<b>6 Weeks</b>
Monday - Friday	\$ 1,360	\$ 1,700	\$ 2,050

**Transitional Toddler Class (9:00 am –12:00 pm)**

*For Toddlers who have already attended a school program and separated from their caregivers.*

	<b>4 Weeks</b>	<b>5 Weeks</b>	<b>6 Weeks</b>
Monday - Friday	\$ 1,600	\$ 2,000	\$ 2,410

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?

**[www.alcottschool.org](http://www.alcottschool.org)**

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