

Alcott School

3 to 5 Year Old's Summer 2025 Program

July 1st 2025 – August 8th 2025



Dates of Attendance _____ to _____ (consecutive weeks)
Child must be 3 years old by October 1, 2025

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 _____

The \$2,000.00 deposit is due with application
Balance due June 1, 2025

Circle session and number of weeks for desired program

9:00 am to 1:00 pm

	4 Weeks	5 Weeks	6 Weeks
Monday - Friday	2,480.00	3,100.00	3,720.00

9:00 am to 3:00 pm

	4 Weeks	5 Weeks	6 Weeks
Monday - Friday	3,720.00	4,650.00	5,580.00

If you are enrolling in week one (7/01, 7/02, 7/03) the tuition will be adjusted accordingly and we will notify you of the balance due.

Summer Program will be closed on Friday July 4th
Enrollment deposits are non-refundable after April 1, 2025

www.alcottschool.org

535 BROADWAY, DOBBS FERRY, NEW YORK 10522
PHONE: 914-693-4443 FAX: 914-693-2820

Alcott School Child Information Form Summer 2025



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 we will follow up with you on necessary forms for emergency medication. _____

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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