

**2018-2019 APPLICATION FORM**

**10 MONTH PROGRAM**

CHILD'S NAME:	_____		
ADDRESS:	_____		
TOWN:	_____	ZIP:	_____
CONTACT 1 PHONE	_____	CONTACT 1 EMAIL:	_____
DATE OF BIRTH:	_____		
MALE ( )	FEMALE ( )		
CONTACT 1 NAME:	CONTACT 2 NAME: _____		
CONTACT 1: CELL	_____	1 BUS. PHONE:	_____
PHONE:	_____ )	1BUS.EMAIL:	_____
CONTACT 2 CELL	_____	2BUS. PHONE:	_____
PHONE: ( )	_____	2BUS.EMAIL:	_____

<b><u>Status of Applicant</u></b>	<b><u>Current Program</u></b>	<b><u>Application Due Date</u></b>
<input type="checkbox"/> Currently enrolled and staff at ACP -continuing in same program* _____		October 12, 2017
<input type="checkbox"/> Currently enrolled at ACP - Changing from First Steps programs _____ <input type="checkbox"/> Check if wish to stay in current program if unable to change		October 16, 2017
<input type="checkbox"/> Sibling of currently enrolled child or alumni child at ACP		October 20, 2017
<input type="checkbox"/> Summer Alumni and 2017-18 Waitlist Children		October 26, 2017
<input type="checkbox"/> Community applicant		November 1, 2017

Families with a history at A Child's Place have priority in every tier

**PLEASE SEE OTHER SIDE FOR PROGRAM CHOICES**

I am interested in learning more about the Summer Program.

**A Child's Place has discussed with me their discipline and behavior management. I received a written copy of these policies.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

***A NON-REFUNDABLE APPLICATION FEE OF \$75 MUST ACCOMPANY THIS APPLICATION.***

***FOR OFFICE USE ONLY***

App. Fee \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date \_\_\_\_\_ Placement \_\_\_\_\_

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**TEN MONTH PROGRAM**  
**September through June**

**PROGRAM(S) REQUESTED**  
**(See attached sheet for descriptions)**  
*Indicate order of choice*

**TODDLER PROGRAM - 2 years by 12/31/18 (January 1, 2016 – December 31, 2016)**

- Mon/Wed/Fri (9:00 – 12:30)\*  
 Tues/Thurs (9:00 – 12:30)\*  
 Extended Play 12:30 - 1:30 pm \*  
\*(     M     T     W     TH     F) choose desired extended play day(s)

**THREE'S PROGRAM - 3 years by 12/31/18(January 1, 2015- December 31, 2015)**

- Five Mornings (8:45 – 1:00)  
 Mon/Wed/Fri (8:45 – 1:00)  
 Extended Play 1:00 - 2:00 pm \*  
\*(     M     T     W     TH     F) choose desired extended play day(s)

**FOUR'S PROGRAM – 4 years by 12/31/18(January 1, 2014– December 31, 2014)**

- Five Mornings (8:45 – 1:30)  
Extended Play 1:30 - 3:15 pm \*  
\*(     M     T     W     TH     F) choose desired extended play day(s)

*We would like to know who referred you to us so we can thank them!*

**NAME:** \_\_\_\_\_

**ADDRESS OR EMAIL:** \_\_\_\_\_