

2020-2021 APPLICATION FORM

TWOS, THREES, AND FOURS PROGRAMS

CHILD'S NAME:	_____	DATE OF BIRTH	_____
ADDRESS:	_____		
TOWN:	_____	ZIP:	_____
MALE ()		FEMALE ()	
PRIMARY CONTACT/GUARDIAN:	_____		
PRIMARY CONTACT PHONE	() _____	CELL/HOME	_____
PRIMARY CONTACT EMAIL:	_____		
SECONDARY CONTACT/GUARDIAN:	_____		
SECONDARY CONTACT PHONE:	() _____	CELL/HOME	_____
SECONDARY CONTACT EMAIL:	_____		

Status of Applicant

Application Due Date

- | | |
|--|------------------|
| <input type="checkbox"/> Currently enrolled | October 18, 2019 |
| <input type="checkbox"/> Sibling of currently enrolled child
or alumni child at ACP | October 25, 2019 |
| <input type="checkbox"/> Summer Alumni and 2019-20 Waitlist Children | October 28, 2019 |
| <input type="checkbox"/> Community applicant | November 1, 2019 |

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 _____

TWOS, THREES AND FOURS PROGRAMS
September through June

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

TWOS PROGRAM - 2 years by 12/31/20 (January 1, 2018 – December 31, 2018)

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

THREE'S PROGRAM - 3 years by 12/31/20(January 1, 2017- December 31, 2017)

- Five Mornings (8:45 – 1:00)
 Mon/Wed/Fri (8:45 – 1:00)
 Midday Play (1:00 - 2:00)*
*(M T W TH F) circle desired Midday Play day(s)

FOUR'S PROGRAM – 4 years by 12/31/20 (January 1, 2016– December 31, 2016)

- Five Mornings (8:45 – 1:30)
 Creative Kids Club (1:30- 3:15)*
*(M T W TH F) circle desired Creative Kids Club day(s)

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

NAME: _____

ADDRESS OR EMAIL: _____