

2020-2021 APPLICATION FORM

FIVES 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

- Currently enrolled
 ACP Alumni
 Community applicant

Application Due Date

October 21, 2019
October 25, 2019
October 31, 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 _____

FIVES PROGRAMS
September through June

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

FIVE'S PROGRAM – 5 years by 12/31/20

- [] Five Mornings (8:30 – 2:30)
- [] Five Full Days (7:15 – 6:00)
- [] Extended Day (2:30 – 4:30)*.

*(M T W TH F) circle desired extended day(s)

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

NAME: _____

ADDRESS OR EMAIL: _____