



SHEEPSCOT VALLEY CHILDREN'S HOUSE

2010-2011 Fall Application

Applicant's Name _____ Preferred Name _____

Birthdate _____ Gender _____ Telephone _____

Parent/Guardian:

Name _____ Occupation _____

Address _____ Work Contact _____

Address _____

Name _____ Occupation _____

Address _____ Work Contact _____

Address _____

Programs: (Please circle program options)

Early Bird	7:30 to 9:00	600.00	M,T,W or W,Th,F
	7:30 to 9:00	800.00	M,T, Th, F only
	7:30 to 9:00	1000.00	M - F

Preschool:	9:00 to 12:00	3000.00	M,T,W or W,Th,F
	9:00 to 12:00	3400.00	M, T, Th, F only
	9:00 to 12:00	4000.00	M-F

	9:00 to 2:30	4200.00	M,T,W or W,Th,F
	9:00 to 2:30	5000.00	M, T, Th, F only
	9:00 to 2:30	5200.00	M-F

Extended Day	2:30 to 5:00	1450.00	M,T,W or W,Th,F
	2:30 to 5:00	1750.00	M, T, Th, F only
	2:30 to 5:00	2000.00	M-F

Elementary Program:

	8:00 to 2:30	5500.00
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Signature _____ Date _____

Application Fee \$45.00

Please enclose the application fee with this form. Enrollment Deposit due by May 30, 2010.