

## **Preschool Application Form**

Date					
Child's Name:		Date o	Date of Birth:		
Parent/Guardian:		Email:			
Physical Add	lress:				
Mailing Addr	ess:				
Phone: Hom	e:Wo	rk:	Cell: _	<u>.</u>	
Parent/Guardian:		Ema	ail:		
Physical Add	lress:				
Mailing Addr	ess:				
Phone: Home:		::Cell:			
Samuel More	ck your first choice of scho ey (3 to 5 days available) ays and times that you wo	Westshire (3			
Monday	Half Day (free) 8-11:30	Extended Day (\$20)	11:30-3	After Care (\$15) 3-5:30	
Tuesday	Half Day (free) 8-11:30	Extended Day (\$20)	11:30-3	After Care (\$15) 3-5:30	
Wednesday	Half Day (free) 8-11:30	Extended Day (\$20)	11:30-3	After Care (\$15) 3-5:30	
Thursday	Half Day (free) 8-11:30	Extended Day (\$20)	11:30-3	After Care (\$15) 3-5:30	
Friday	Half Day (free) 8-11:30	Extended Day (\$20)	11:30-3	After Care (\$15) 3-5:30	

For Out of District Families: The first three mornings of the week will be paid for by the sending district through ACT 166. Families are required to pay \$20 for any additional mornings.

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 $\underline{abean@rivendellschool.org}$