



Page 1 Preschool...The Creative Academy
1449 Orchard Park Road
West Seneca, New York 14224
www.page1preschool.com

Parent's Day Out Program 2019-2020

<i>For Office Use Only</i>	
Date	Reg Fee Rec'd
_____	_____
Check # _____	
Amt \$ _____	
Cash _____	
Venmo \$ _____	

Child's name _____ Telephone # (____) _____

Date of birth _____ Age in September _____ Sex: Male Female

Street address _____

Town _____ Zip code _____

Email address – **required** _____
Please PRINT Clearly

Email address – optional _____

Mother's name _____ Home # (____) _____

Address _____

Place of employment _____ Work # (____) _____

Occupation _____ Cell # (____) _____

Father's name _____ Home # (____) _____

Address _____

Place of employment _____ Work # (____) _____

Occupation _____ Cell # (____) _____

If parents cannot be reached, we will contact the person below - they must live locally.

Emergency contact _____

Relationship to child _____

Telephone #'s (____) _____ (____) _____

Does your child have any **allergies** or **physical limitations**? _____ If YES, please explain in detail _____

Names of children/others living in the household (include age of children)

What school district do you reside in? _____

Does your child currently attend a preschool program: Yes No

If yes, where do they attend: _____

Parent's Day Out Program

- *To be eligible, your child must be 22 months of age when they start the program*
- *Children may enroll at any time throughout the year after they reach 22 months of age*

Drop off time: anytime between **9:00am – 10:00am** only

Pick up time: up to, but no later than, 3 hours after drop off time

Cost per Session: 1 day per week \$219.00

Cost per Session: 2 days per week \$409.00

Cost per Session: 3 days per week \$579.00

Cost per Session: 4 days per week \$719.00

Cost per Session: 5 days per week \$850.00

One day “**Drop in**” is offered if space is available on the day requested: **\$29.00 per day**

I would like my child to attend on: ✓ *check all that apply*

_____ **Mondays** _____ **Tuesdays** _____ **Wednesdays** _____ **Thursdays** _____ **Fridays**

✓ **Check the sessions you'd like your child to attend:**

_____ **Session 1:** September 23 – November 18 **Payment Due:** Sept. 1st

_____ **Session 2:** November 19 – January 31..... **Payment Due:** Nov. 1st

_____ **Session 3:** February 4 – March 29 **Payment Due:** Jan. 10th

_____ **Session 4:** April 1 – June 3..... **Payment Due:** Mar. 15th

A **\$60.00 Registration Fee** per child/per year – registration fee is required to attend any class listed above and is required with this completed application to hold a space for your child in a class or on a waiting list. This fee is non-refundable.

❖ *Cash and Venmo accepted for payment, or checks payable to: **Page 1 Preschool Inc.***

Parent/Legal Guardian Signature _____

Date _____

Please note:

- Registration fee is non-refundable
- If your child has an **ALLERGY**: parents must provide a safe snack each day of class
- If you do not pick up your child within the 3-hour time limit you will no longer be able to participate in PDOP. Any remaining tuition previously paid for the session is forfeited.
- The first three days of attendance will be shortened transition days for each child starting the program.