



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

Parent's Day Out Program 2020-2021

<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 2020 ____ year(s) ____ months Sex: ____ M ____ F

Street address _____

Town _____ Zip code _____

Email address – **required** _____

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 each child)

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 \$319.00

Cost per Session: 2 days per week \$598.00

Cost per Session: 3 days per week \$857.00

Cost per Session: 4 days per week \$1099.00

Cost per Session: 5 days per week \$1299.00

One day “**Drop in**” is offered if space is available on the day requested: **\$33.00 per day**

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

_____ **Tuesdays & Thursdays** (must attend both days)

_____ **Mondays** _____ **Wednesdays** _____ **Fridays**

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

_____ **Fall Session:** September 21 – November 30 **Payment Due:** Sept. 1st

_____ **Winter Session 2:** December 1 – March 1..... **Payment Due:** Nov. 1st

_____ **Spring Session 3:** March 2 – May 14 **Payment Due:** Feb. 1st

A \$60.00 Registration Fee per child/per year – registration fee is required with this completed application to hold a space for your child in a class or on a waiting list.

❖ *Cash, Venmo, or Checks payable to: **Page 1 Preschool Inc.** are accepted forms of payment.*

❖ **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.

By signing below, I acknowledge I have read, understand, and agree to the terms above:

Parent/Legal Guardian Signature _____

Date _____