

Number: _____

Date: _____

September 2017 - June 2018

YOUNG 5's PROGRAM REGISTRATION FORM

SOMERSET ACADEMY

3333 COOLIDGE ROAD, TROY, MI 48084 somersetacademytroy@gmail.com (248) 643-8404

Name of Child _____ Date of Birth ____/____/____
Last First (Nickname) Mo. Day Year

Address _____ Home Phone _____

City Zip Sex: BOY GIRL

Parent _____ Work Phone _____ Cell Phone _____

Parent _____ Work Phone _____ Cell Phone _____

Emails _____ / _____ (to be used for school purposes only)

For your child's well-being, please list any serious allergies or health conditions on the line below:

Returning or New Family (circle one) Referred By: _____

SCHEDULE INFORMATION

Attendance on Monday/Wednesday/Friday afternoons is **required** in the Young 5's program. Please place an (X) in each box.

Young 5's:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Afternoon 1:00pm-4:00pm					

Pre-K sessions are available for those families seeking additional days. Please indicate your choice by Placing an (X) in the table below

Pre-K:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning 9:00am-12:00pm					
Lunch 12:00pm-12:30pm					
Rest 12:30pm-1:00pm					
Afternoon 1:00pm-4:00pm	Young 5's		Young 5's		Young 5's

PLEASE RETURN THIS FORM WITH AN **\$85.00 NON-REFUNDABLE REGISTRATION FEE** PER FAMILY.

SIGNED _____ DATE _____

FOR OFFICE USE ONLY:

REG.AMT.PD. _____ CHECK# _____ DATE _____ CLASS PLACEMENT _____

BEGINNING DATE _____ CONFIRMATION LTR _____

WAITING LIST _____ DATE _____ CALLED _____

TOTAL TUITION _____ MONTHLY TUITION _____

CHANGE TO SCHEDULE _____

START DATE _____ NEW TUITION _____ / _____ (White: Office/Yellow: File/Pink: Parent)