

Number: \_\_\_\_\_

Date: \_\_\_\_\_

# September 2018 - June 2019

## 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 **\$90.00 NON-REFUNDABLE REGISTRATION FEE** PER FAMILY.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
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.....  
.....

#### 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)