

CHILD'S NAME _____ BIRTH DATE _____ GENDER _____

HOME ADDRESS _____ CITY _____ ZIP _____

HOME PHONE # _____ PHYSICIAN'S NAME AND PHONE # _____

PARENT 1/GUARDIAN _____ PARENT 2/GUARDIAN _____

PLACE OF BUSINESS _____ PLACE OF BUSINESS _____

POSITION/TITLE _____ POSITION/TITLE _____

BUSINESS ADDRESS _____ BUSINESS ADDRESS _____

BUSINESS PHONE # _____ BUSINESS PHONE # _____

CELL PHONE # _____ CELL PHONE # _____

E-MAIL ADDRESS _____ E-MAIL ADDRESS _____

SCHOOL YEAR 2022/23: PLEASE CHECK DESIRED SESSION:

5 days _____	am _____ pm _____	full day* _____	early session (7:30am) _____	pizza Fridays _____
3 days _____**			supervised lunchtime _____	late session I _____ (4:30pm)
3 days _____ MoTuWe**				late session II _____ (6:00pm)
2 days _____ ThFr**				

* required for all 5 year olds ** only available for 3 year olds

 For details on catered lunch, which is available Monday through Thursday, please log on to www.lunchwithlou.com school code NTG56J

Local School District _____

 APPLICATION FEE ENCLOSED \$ _____
\$75 FIRST TIME APPLICANTS ONLY (NON-REFUNDABLE)

 (RE)ENROLLMENT DEPOSIT ENCLOSED \$ _____
\$500 (NON-REFUNDABLE)

* **SUMMER 2022: PLEASE CHECK DESIRED WEEK/SESSION:**

Wk 1 _____ 6/27-7/01	Wk 5 _____ 7/25-7/29	full day _____	<u>circle days:</u> _____	early session (7:30am) _____
Wk 2 _____ 7/05-7/08	Wk 6 _____ 8/01-8/05	5 am _____		supervised lunchtime _____
Wk 3 _____ 7/11-7/15	Wk 7 _____ 8/08-8/12	4 am _____	Mo Tu We Th Fr _____	late session I (5:00pm) _____
Wk 4 _____ 7/18-7/22	Wk 8 _____ 8/15-8/19	3 am _____	Mo Tu We Th Fr _____	late session II (6:00pm) _____
*closed 7/04/22		2 am _____	Mo Tu We Th Fr _____	pizza Fridays _____

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Summer balance payable in full before the program begins

 DEPOSIT ENCLOSED \$ _____
\$220 (NON-REFUNDABLE)
YEAR ROUND PROGRAM Fall 2022

Includes school year, summer and vacation programs from 7:30am to 6:00pm _____ add pizza Friday _____

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 APPLICATION FEE ENCLOSED \$ _____
\$75 FIRST TIME APPLICANTS ONLY (NON-REFUNDABLE)

 (RE)ENROLLMENT DEPOSIT ENCLOSED \$ _____
\$500 (NON-REFUNDABLE)

 Please bill _____ in full _____ 3 payments _____ monthly (for school year and year round programs only)
 2.5% interest charge for monthly payments

SIGNATURE OF PARENT/GUARDIAN _____

DATE OF APPLICATION _____

Y22 23 AP