

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 2023/24: **PLEASE CHECK DESIRED SESSION:**

5 days _____* am _____ pm _____ full day* _____ early session (7:30am) _____ pizza Fridays _____

3 days _____ MoTuWe** supervised lunchtime _____ late session I _____ (4:30pm)

2 days _____ ThFr** late session II _____ (6:00pm)

* 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 2023; PLEASE CHECK DESIRED WEEK/SESSION:

Wk 1 _____ 6/26-6/30	Wk 5 _____ 7/24-7/28	5fd _____	5am _____	_____ early session (7:30am)
*Wk 2 _____ 7/03-7/07	Wk 6 _____ 7/31-8/04	4fd _____ Mo Tu We Th	4am _____ Mo Tu We Th	_____ supervised lunchtime
Wk 3 _____ 7/10-7/14	Wk 7 _____ 8/07-8/11	3fd _____ Mo Tu We	3am _____ Mo Tu We	_____ late session I (5:00pm)
Wk 4 _____ 7/17-7/21	Wk 8 _____ 8/14-8/18	2fd _____ ThFr	2am _____ ThFr	_____ late session II (6:00pm)
*closed 7/04/23				_____ pizza Fridays

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Summer balance payable in full before the program begins

 DEPOSIT ENCLOSED \$ _____
\$220 (NON-REFUNDABLE)
YEAR ROUND PROGRAM Fall 2023

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 _____

Y23 24 AP