

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 _____

Are there any special conditions which the School should be aware of (allergies, special services, etc.) _____

SCHOOL YEAR 2023/24: PLEASE CHECK DESIRED # OF DAYS AND SESSION:

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

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

 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 _____

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