



Pre-School & Nursery Application 2011/12 Academic Year

at The Cathedral of St. John the Divine
1047 Amsterdam Avenue New York, NY 10025
212-316-7530 or www.actprograms.org

Child's Name: _____ ID: _____

Date of Birth: _____ Sex: _____

Address: _____ Apt.: _____

City: _____, State: _____ Zip: _____

Home Phone Number: _____

Parent 1/Guardian: _____ Work Phone: _____

Occupation/Firm: _____ *Email: _____

Parent 2/Guardian: _____ Work Phone: _____

Occupation/Firm: _____ *Email: _____

**Please print the primary e-mail address we may use to forward notices and announcements:*

E-mail contact address: _____ Please PRINT again: _____

Has your child previously enrolled in an A.C.T. program? _____ When? _____ If no, specify how you heard about our program? A.C.T. Brochure _____ A.C.T. Newsletter _____ Acquaintance/Friend _____ Advertisement _____ Other: _____

Mark an "x" within the grid below on the section you wish to enroll.

Section	Tuition	Non-refundable, Registration fee is applied toward tuition provided space is available.	Balance
Pre-School M/T/W/TH/F 8:30-2:30 (Extended day available)	\$11,650	\$2,500 and \$30 mission fee	Terms are included in contract
Pre-School M/T/W/TH/F 12:30-3:30 (Extended day available)	\$7,650	\$1,600 and \$30 mission fee	Terms are included in contract
3 day Nursery M/W/F: 9:00-12:30	\$7,095	\$1,400 and \$30.mission fee	Terms are included in contract
2 day Nursery T/TH: 9:30-12:00	\$3,875	\$760 and \$30 mission fee	Terms are included in contract

**This application does not guarantee acceptance into a section.
Written confirmation will be provided.**

ENROLLMENT STIPULATIONS AND REQUIREMENTS

1. The \$30.00 mission fee and registration fee must accompany this form in order to reserve a space. The registration fee must be received in order to apply for an available space. A full refund will be granted in the event space is not available .
2. All fees and full payment of tuition are payable as indicated on Pre-school and Nursery contract .
3. Pre-school contract will indicate schedule of payment for balance.
4. Medical form and birth certificate must be on file before child attends classes.
5. We reserve the right to cancel a section for which there is insufficient registration. You will be notified promptly so that you may choose another section/session or receive a complete refund of registration and other fees.
6. **A no refund and no credit policy is in effect at all times.**
7. Failure to comply with the payment schedule as stipulated in contractual agreements or adhere to program regulations forfeits placement in any or all programs.
8. A fee of \$25.00 will be charged for returned checks.

I _____ understand and agree to the terms outlined above.
 Photographs and videos in which my child appears may be used by ACT Programs of the Cathedral of St. John the Divine for publicity purpose such as advertisements and on our website.

My child _____ has permission to go on any trips with ACT if I cannot be reached and my child requires emergency treatment because of illness or accident, I hereby authorize ACT program staff to call in a physician or arrange for emergency treatment at a hospital.

Parent's Signature _____ Date: _____

Please indicate registration fee amount applied toward tuition:

Mission fee (once per year)	\$ 30.00	<u>\$ 30.00</u>
Pre-School session (M,T,W.T,F)	\$ 2,500.00	_____
Pre-School Half Day (M,T,W.T,F)	\$ 1,600.00	_____
Tuesday/Thursday	\$ 760.00	_____
Monday/Wednesday/Friday	\$ 1,400.00	_____

Grand Total: _____

Total received by office: _____
Date: _____
Registrar: _____