## CHILDREN'S CENTER LITTLE 'S



## Morning Session Registration Form - 2024–2025

Our five day a week preschool is in session from 9:01AM to 12:00PM. Three and two day schedules are possible. See brochure for curriculum information. Medical history must be on file by August 1<sup>st</sup>.

Days: Monday–Friday

Dates: September 2024–June 2025

Time: 9:01AM-12:00NOON

PRESCHOOL FEES - 10 Installments		
Days per week		
5	\$550	
4	\$505	
3	\$450	
2	\$375	

\$250 Non-refundable payment due upon registration. First & last installment paid in July. The remaining eight installments will be billed on your club account.

Child's Name			Nickname
Age	Birthdate	_ Sex	Already a Member? 🖵 Yes 🛛 🗋 No
Address			
City/State/Zip			_ Phone #
E-Mail Address			_
Emergency Conta	act		_ Phone #
Father's Name			_ Cell #
Mother's Name			_ Cell #
Please check the appropriate age group and pr gram:	o- Age:	Tot Time   5 Days 4 Days   3 Days 2 Days	

## Parent or Guardian consent:

I herby give consent for my child to participate in the Preschool program at Saw Mill Club. I certify that I know of no physical problems or conditions which would impair my child from participating in the program. If necessary, I authorize the persons in charge to secure first aid and/or the services of any legally qualified physician or hospital, and agree to assume all financial obligations connected therewith.

I realize that no refund of fees will be made for withdrawal or absences. I understand that the school reserves the right to request withdrawal of my child at any time for reasons consistent with the best interest of the program.

Saw Mill Preschool admits students of any race, color and national or ethnic origin. Applications are presently being accepted

Signed

Date

whitney.kennedy@genesishealthclubs.com 77 Kensico Drive Mt. Kisco, NY 10549 914.241.0797 fax 914.241.0683 www.sawmillclub.com