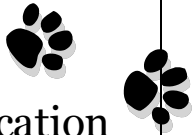




Panther Cubs Preschool Nursery School (3 yr. olds) Application



Student Name: _____ Gender: Male / Female
 Street Address: _____
 City: _____ State: _____ Zip Code: _____ Phone Number: _____
 Date of Birth: ____/____/____ Religion: _____ Parish: _____
 Who does the student reside with? Mother / Father / Both Parents / Other: _____
 Has your child attended daycare or nursery school before? Yes / No Where?: _____
 Does your child have any special needs? Yes / No If yes, please describe: _____
 (Notes: Child must turn 3 before December 1st)

Please circle the days you would like your child to attend:

T/Th (2 days) M/W/F (3 days) Monday-Friday (5 days)

Please circle the session you prefer: Half-Day Program (8:15-11:30) or Full Day (8:15-2:30)

Do you need information about our AM/PM Program? YES NO

PARENT/GUARDIAN INFORMATION

Mother/Guardian Name: _____
 Address: _____
 Employer: _____ Employer's Phone Number: _____
 Home/Cell Phone: _____ Email _____

Father/Guardian Name: _____
 Address: _____
 Employer: _____ Employer's Phone Number: _____
 Home/Cell Phone: _____ email _____

TUITION PAYMENT PLAN

Person Responsible for Tuition _____ Soc.Sec # _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____ Phone Number: _____

Please select payment type:
 _____ Plan A: Full tuition payment due by September 15
 _____ Plan B: Monthly payments on SMART Tuition

Note: A \$50 non-refundable registration fee is due at the time of registration.
 I agree to pay all tuition for the 2019-2020 school year according to the plan selected above.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only:			
Tuition Charge _____	Tuition Deposit _____		
Amount Rec'd _____	Date Rec'd _____	Cash / Check # _____	