

Application 2009/2010

One-time \$75.00 application fee must accompany form.
Please indicate your first choice (1) and alternate choices (2,3,4).

	Two-year-old Class	Tue/Thur	9:00 am – 11:30 am
	Two-year-old Class	Tue/Thur	12:15 pm – 2:45 pm
	Two-year-old Class (Three by December 2009)	Mon/Wed/Fri	9:00 am – 11:30 am
	Two-year-old Class (Three by December 2009)	Mon/Wed/Fri	12:15 pm – 2:45 pm
	Three-year-old Class	Mon/Wed/Fri	9:00 am – 11:30 am
	Three-year-old Class	Mon/Wed/Fri	12:15 pm – 2:45 pm
	Mixed three & four-year-old Open Classroom	Mon/Tue/Wed/Thur/Fri	9:00 am – 11:30 am
	Mixed three & four year old Open Classroom	Mon/Tue/Wed/Thur/Fri	12:15 pm – 2:45 pm
	Pre-Kindergarten Class	Mon/Tue/Wed/Thur/Fri	9:00 am – 11:30 am
	Pre-Kindergarten Class	Mon/Tue/Wed/Thur/Fri	12:15 pm – 2:45 pm
	All-day Class	Mon/Tue/Wed/Thur/Fri	9:00 am – 2:45 pm
	Kindergarten Class	Mon/Tue/Wed/Thur/Fri	9:00 am – 2:45 pm

Name of Child _____ Date of Birth _____ M or F

Name of Father _____ Name of Mother _____

Mailing Address _____

Home Phone _____ Father's Work/Cell _____ Mother's Work/Cell _____

Children enrolling in a two-year-old program must turn 2 years of age before they begin their class.
The cut-off age for all classes is September 1, 2009.

Application and Registration fees are non-refundable. Please initial here to accept this _____.

Has your child ever received any developmental, educational, or behavioral evaluations? Y or N

Has your child ever received, or is currently receiving any extra therapies or services? Y or N

I hereby make application for my child for one full academic school year in Geneva Day School:

Parent/Guardian Signature _____ Date _____

Check all that apply

<input type="checkbox"/>	Parent/Guardian is an active member of Geneva Presbyterian Church	<input type="checkbox"/>	Sibling of a former Geneva Day School student
<input type="checkbox"/>	Parent Guardian is a current Geneva Day School staff member	<input type="checkbox"/>	Child of a former Geneva Day School student
<input type="checkbox"/>	Current Geneva Day School student	<input type="checkbox"/>	Grandchild of Geneva Presbyterian Church member
<input type="checkbox"/>	Sibling of a current Geneva Day School student	<input type="checkbox"/>	Director approved priority registration

Office Use:

Date Received _____ Application Fee Paid _____ Check Number _____