**Creative Playtime @ Grace Lutheran Church**

**Gigi Aronoff, Director, 914-472-4777 director@creativeplaytimescarsdale.org**

**59 Grand Blvd., Scarsdale, NY 10583 www.creativeplaytimescarsdale.org**

**Application for Two’s Programs beginning Sept. 2024**

Please Print

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F

(First) (Last)

Parent 1 Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent 2 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (City) (Zip)

Please indicate for each #: (Home) (Parent 1 Cell) (Parent 2 Cell) (Parent 1 Work) (Parent 2 Work)

1st contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H) (P1C) (P2C) (P1W) (P2W)

2nd contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H) (P1C) (P2C) (P1W) (P2W)

3rd contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(H) (P1C) (P2C) (P1W) (P2W)

Add. Emergency #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_

Parent 1 E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent 2 E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about our program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate FIRST, SECOND, and THIRD choice of programs:**

**MORNING** (9:00-11:30) **AFTERNOON** (12:30-3:00)

**\_\_\_\_\_\_\_Two’s 2-days** (T/TH) **\_\_\_\_\_\_\_Two’s 2-days** (T/TH)

**\_\_\_\_\_\_\_Two’s 3-days** (M/W/F) **\_\_\_\_\_\_\_Two’s 3-days** (M/W/F)

**\_\_\_\_\_\_\_Two’s 5-days** (M-F) **\_\_\_\_\_\_\_Two’s 5-days** (M-F)

**FULL DAY (**9:00-3:00)

**\_\_\_\_\_\_\_Two’s 2-days** (T/TH) **\_\_\_\_\_\_\_ Two’s 3-days** (M/W/F) **\_\_\_\_\_\_\_ Two’s 5-days** (M-F)

**Early Drop Off** (7:45-9:00am)\_\_\_\_\_\_\_\_ (5 days or on a drop in basis, subject to availability)

**Extended Day** (3:00 to 4:00pm) which days: M T W Th F

**A non-refundable $100 processing fee** is required with this application. To reserve an available position in a program, a non-refundable deposit of $400 must also be submitted at time of registration. This $400 is deducted from the total tuition. **For those families who do not receive any of their selected choices, the tuition deposit will be refunded.**

By signing below you acknowledge your understanding of our priority and payment policies.

Parent’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_