**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 THREE’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)

**\_\_\_\_\_\_\_Threes 2-days** (T/TH) **\_\_\_\_\_\_\_Threes 2-days** (T/TH)

**\_\_\_\_\_\_\_Threes 3-days** (M/W/F) **\_\_\_\_\_\_\_Threes 3-days** (M/W/F)

**\_\_\_\_\_\_\_Threes 5-days** (M-F) **\_\_\_\_\_\_\_Threes 5-days** (M-F)

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

**\_\_\_\_\_\_\_Threes 2-days** (T/TH) **\_\_\_\_\_\_\_ Threes 3-days** (M/W/F) **\_\_\_\_\_\_\_ Threes 5-days** (M-F)

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

**Extended Day** (3:00 to (circle one): 4:00 or 5:00 or 6:00 PM) (5-days or on a drop in basis, subject to availability)

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_