

Moreland Area Community Centers Preschool

STUDENT APPLICATION 2018-2019

Please print legibly or, if you have downloaded as a PDF, type directly in this form using Adobe Acrobat.

STUDENT - Last Name	First	Middle	Name Student Uses	Birthdate (MM/DD/YYYY)
Male <input type="checkbox"/> Female <input type="checkbox"/>		Student's Residence - Street address		City
				Zip

Parent/Guardian Information *Please star (*) person/s with whom student resides.*

FATHER - Last Name	MOTHER - Last Name	GUARDIAN /Other person responsible for student
First	First	First Name
Daytime Phone	Daytime Phone	Daytime Phone
Evening Phone	Evening Phone	Evening Phone
Email address	Email address	Email address
Occupation	Occupation	Occupation
Employer	Employer	Employer
Name of Person/s Financially Responsible for Student		

Child's age 9/1/18 _____ Desired Class Placement: _____ Preschool _____ PreKindergarten

Morning Classes 8:30 - 11:30 AM Tues/Thurs 2-days MWF 3-days _____ MTWThF 5-day

Extended Care 8:00 AM- 8:30 AM _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

Lunch Bunch 11:30 AM - 12:30 PM _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

After Care 11:30 AM - 4:00 PM (incl Lunch Bunch) _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri

Enrollment/Tuition Policy

I agree to submit a non-refundable application fee with this application form (\$100 for a single student; \$150 for a single family applying for more than one child concurrently).

To accept my child's placement, I will complete and return any required forms with the proper non-refundable enrollment fee(1st tuition installment). See Fees and Tuition Schedule for applicable amount.

I understand and accept tuition to be an annual amount. I know that I may pay it in full or in 10 equal installments on the 1st of the month, August through May of the school year. See Fees and Tuition Schedule for applicable amount and details.

I have read and agree to abide by the above-stated enrollment procedures and tuition payment policy.

Signature of Person Financially Responsible for Student _____ Date _____

How did you learn about MACC Preschool? _____

If by referral, by whom? _____