Application Form

MILLBROOK COMMUNITY PRESCHOOL AT GRACE CHURCH

Parent Name(s) _____ _____

e-mail address(es) _____ _____

Phone _____ _____

MailingAddress_____

I wish to enroll my child, _____D.O.B._____in the following:

_____ 3-4 year old program _____ 4-5 year old program

Scheduling preference (PLEASE CHECK ONE and which days of the week you prefer)

_____ 2 days per week ($225 monthly) ____***Monday***____***Tuesday***____***Wednesday***____***Thursday***___***Friday***

_____ 3 days per week ($330 monthly) ____***Monday***____***Tuesday***____***Wednesday***____***Thursday***___***Friday***

_____ 4 days per week ($410 monthly) ____***Monday***____***Tuesday***____***Wednesday***____***Thursday***___***Friday***

_____ 5 days per week($495 monthly)

To reserve a place for your child for the 2019-2020 academic year, please return the following to the school:

- Signed Contract
- A deposit of 1 month's tuition (this will be credited to your June 2020 payment)
- Annual Materials Fee of $50. Please make checks out to MCP at Grace.

Millbrook Community Preschool at Grace Church P.O. Box 568 Millbrook, NY 12545