



2010 - 2011

Sr. & Jr. Wings Pre-School Application



Child's Name	Date of Birth	Age as of Sep 2010
Year applicant will be attending Kindergarten		
Parent's Name		
Mailing Address		
Home Phone	Cell Phone	Email
Please list allergies or concerns;		1 st time family? Yes [] No []

LEVEL & TIME I AM CURRENTLY APPLYING FOR

Junior Wings (2 Years Pre-K)				Senior Wings (1 Year Pre-K)			
Please indicate your choices	1st	2nd	3rd	Please indicate your choices	1 st	2nd	3rd
Tue & Thu 9:25-11:50				Mon, Wed, & Fri 9:25-11:55			
Mon & Fri 9:40-12:05				Mon, Wed, & Fri 12:20-2:50			
Tue & Thu 12:15-2:40				Mon, Tue, & Thu 12:35-3:05			

TUITION INFORMATION: In order to hold a position in the Wings Pre-School Program, one month's tuition is due with this application & is non-refundable. A \$25 Family Registration Fee is also required for 1st time students

Junior Wings	Tuition \$126.00 Monthly	9:25-11:50 or	Tuesday & Thursday
		9:40-12:05 or	Monday & Friday
		12:15-2:40	Tuesday & Thursday
Senior Wings	Tuition \$158.00 Monthly	9:25-11:55 or	Monday, Wednesday, & Friday
		12:20-2:50 or	Monday, Wednesday, & Friday
		12:35-3:05	Monday, Tuesday, & Thursday

"ABOVE & BEYOND" PROGRAMS for '10-'11 are offered to registered Wings Students 1st. Registration for the Fall Above & Beyond programs (Reading, Art, Cooking, Music/Spanish, and Math & Science Clubs) is held in the Spring of '10.

May we add your/child's contact info to a class list to share with other parents in your child's class? [] Yes [] No
Do we have your permission to use your child's image (no names) on our promotional material? [] Yes [] No

Kids Club House
 628 County Route 1, Pine Island, NY 10969
 845-258-7780 www.kidsclubhouse.biz

Date Received _____
 Check Number _____
 Amount _____



KIDS CLUB HOUSE 2010-2011



TODAY'S DATE:

Junior Wings (2 Years Pre-K)				Senior Wings (1 Year Pre-K)			
	1st	2nd	3rd		1 st	2nd	3rd
Tue & Thu 9:25-11:50				Mon, Wed, & Fri 9:25-11:55			
Mon & Fri 9:40-12:05				Mon, Wed, & Fri 12:20-2:50			
Tue & Thu 12:15-2:40				Mon, Tue, & Thu 12:35-3:05			

Child's Name:	
Date of Birth:	
Parents' Name:	
Mailing Address:	
Email Address:	

Phone Numbers:	Home	Cell	Work
Mom:			
Dad:			
Emergency:			

What do you expect your child to get from their preschool experience?

What are your child's favorite things to do?

Is there anything else we should know about your child (fears, habits, any concerns. . .)?

Please list the names of family or friends who have your permission to pick up your child:

Name: _____ Phone: _____

Does your child have any health concerns we should be aware of?

Allergies: