

Kindergarten Choice Form - Full-Day/ Half-Day

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

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

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

My child will be attending the:

- tuition based full-day program from 8:35 a.m. – 2:45 p.m. (\$100 deposit enclosed)
- half-day program from 8:35 a.m. – 11:15 p.m.

I believe that I am eligible for a free or reduce fee based on the information on the attached sliding fee scale form.

In order to verify your income information, please submit a copy of your 2010 income tax return along with a copy of the two most recent paycheck stubs for all employed adults in your household. If you receive "other" income, such as alimony, SSI/AFDC, or child support, we need a copy of your recent checks to document this income. All documents should be submitted to the school in a sealed envelope with your child's name and "kindergarten tuition information" clearly marked on the front. This information is required for all free and reduced tuitions. If documentation is not received, it will be necessary to place your child in the half-day program.

Family Size (include all members of the household)	Total Gross Monthly Income (income before taxes and other withdrawals)

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date: