



Abigail Bottoms Registration Form for School Year **2012-2013**

450 Waverly Avenue, Suite #7, Patchogue 447-0044



Please fill out the information below, check the class time you would like and return with the \$100.00 **non refundable and non transferrable** registration fee. Please make checks payable to Abigail Bottoms.

Child's Name _____ Date of Birth _____

Parent's Name _____ Phone # _____

Cell Phone #: _____ Other Emerg .Contact #: _____

Address _____

zip code _____

Allergies _____ Services (speech; language; PT; OT) _____

Parent's Signature _____

Your Kindergarten
School District

Office Use Only

Date Registered

Check #

Date Entered

Class code

2 YEAR OLD PROGRAM

\$1,650 per year/10 equal payments = \$165 per month

Tuesday and Thursday

_____ AM 9:30 am - 11:30 am

_____ PM 12:15 am - 2:15 pm

3 YEAR OLD PROGRAM

* Two day program *

\$1,750 per year / 10 equal payments = \$175 per month.

Tuesday and Thursday

_____ AM 8:45 am - 11:15 am

_____ AM 9:15 am - 11:45 am

_____ PM 12:00 pm - 2:30 pm

* Three day program *

\$1,950 per year / 10 equal payments = \$195 per month.

Monday, Wednesday and Friday

_____ AM 9:15 am - 11:45 am

_____ PM 12:15 pm - 2:45 pm

4 YEAR OLD PROGRAM

* Two day program *

\$1,750 per year / 10 equal payments = \$175 per month.

Tuesday and Thursday

_____ AM 9:00 am - 11:30am

_____ PM 12:00 pm - 2:30 pm

4 YEAR OLD PROGRAM

* Three day program *

\$1,950 per year / 10 equal payments = \$195 per month.

Monday, Wednesday and Friday

_____ AM 9:00 am - 11:30am

_____ PM 12:00 pm - 2:30 pm

* Five day program *

\$2,650 per year / 10 equal payments = \$265 per month.

Monday through Friday

_____ AM 9:00 am - 11:30 am

_____ PM 12:00 pm - 2:30 pm