

Long Island Voyager's Pre-School & Childcare Center

Enrollment Application

Child's Name _____ Age _____ M/F _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Cell Phone _____

Birth Date _____ E-Mail _____

Mother's Name _____ Occupation _____

Father's Name _____ Occupation _____

Please state important factors the Long Island Voyager's should know about your child (health, allergies, social, emotional). _____

Why would you like your child to attend Long Island Voyager's? _____

How did you learn about our program? _____

Preferred Program Times & Days:

Full-Days (8:00am-4:00pm) Circle Days: Mon Tues Wed Thu Fri or 5 Days

Half-Days (8:00am-12:00pm) Circle Days: Mon Tues Wed Thu Fri or 5 Days

After School (4:00pm-6:00pm) Circle Days: Mon Tues Wed Thu Fri or 5 Days

Preferred Start Date _____

Upon an available space, we will contact the parents and request a \$200 deposit. This deposit will be credited to the last week of attendance.

Upon applying for deferred enrollment due to a waiting list or personal preference, a \$150 registration fee is due in order to secure a space. You will be notified by telephone when a space is available for your child. The fee is non-refundable and is considered to be the registration fee due upon enrollment.

Parent/Guardian Signature: _____ Date _____