



Tower Day School
Application Form
2017/2018

Child's Name: _____

Date of Birth: _____ Sex: M____ F____

Parent's Name: _____

Home Address: _____
Street Town Zip

Phone: _____ Email: _____

Names of any siblings who have previously attended Tower Day School:

Please number all class choices in order of preference.

3 Year Old Classes

T,Th am _____

M, F am _____

M,W,F am _____

4 Year Old Classes

M,W,F am _____

M – F am _____

T,W,Th all day _____

Transition Class

M,W,F 8:30-11:30

T,Th 8:30-2:30 _____

Kindergarten

Mon 8:30-12:00

T - F 8:30 – 2:30 _____

Please return with a \$75.00 (per family) non-refundable application fee.

I have read the Application Information.

Signature _____ Date _____