



Tower Day School
Application Form
2018/2019

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 of your class choices in order of preference.

3 Year Old Classes (8:30-11:30)

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T,TH am _____

M,W,F am _____

M,W,F am _____

M – F am _____

T,W,TH - All day _____ (8:30-2:30)

Transition Class

M,W,F (8:30-11:30) and T,TH (8:30-2:30) _____

I have read the Application Form information.

Signature _____ Date _____

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

Please make checks payable to: Tower Day School