



**ALEPH-BET CHILD LIFE ENRICHMENT PROGRAM INC.
NURSERY PROGRAM**

APPLICATION FORM

Full Name of Parent/Guardian	Daytime Number (Cell/Work #)	Home Phone

Child/ren's Full Name	Birthdate

Street Address	Postal Code

EMAIL Address	Start Date

INITIAL PAYMENT	
Refundable Deposit (\$120.00)	
Refundable Registration Fee (\$25.00)	
Fees \$10.40 x _____ Daily Fee # of Days	
Donation (\$12.50/Quarter)	
Sunscreen & Mosquito Repellant (\$7.50)	
TOTAL	