

ROCKEFELLER EARLY CHILDHOOD APPLICATION

STUDENT NAME: _____ DATE OF BIRTH: _____ AGE: ____

ADDRESS: _____ ZIP CODE: _____ RACE: _____

PHONE: _____ HM _____ WK _____ CELL _____

Assignment Criteria:

- First preference, children who live in the Rockefeller attendance zone.
- Second preference, children who have siblings enrolled at Rockefeller.
- Third preference, children whose parent / legal guardian is employed at Rockefeller.
- All assignments are subject to capacity.

Any student who does not receive an assignment will be placed on a waiting list for the school requested. Any vacancies that occur will be filled from the waiting lists.

I AM APPLYING FOR THE FOLLOWING PROGRAM:

Rockefeller Early Childhood Magnet (6 weeks – P-3-year-old class)

- *I realize there are weekly fees for this program and agree to pay fees.*
 - \$23 daily / \$115 weekly for children 6 weeks to 18 months
 - \$22 daily / \$110 weekly for children 18 months to 3 years
 - \$20 daily / \$100 weekly for children 3 years until of age for P4 Program
- Enrollment in this program is based on the child's age by AUGUST 1st.

Parent/Guardian Statement:

I realize this application does not guarantee admission to the program / school. This placement will remain valid through the completion of my child's P-4 class unless the parent requests other choices. Kindergarten assignments will be made based on established zone / choice option procedures.

Parent Signature

Date