



Box 68 Jericho, VT 05465 899-3832

Registration Form for 2010-2011

Child's Name: _____ Birth date: _____

Address: _____ Gender: Male _____ Female _____

_____ Status:
Current _____ Alumni/Sibling _____ New _____

Parent/Guardian Information:

	Parent / Guardian #1	Parent / Guardian #2
Name		
Address		
Home Phone		
Work Phone		
Cell		
Email Address		

Program Choice: Please place a "1" next to you first choice, a "2" next to your second choice, and a "3" next to your third choice. Choices are only applicable if child meets the age requirements.

Preference	Program	Age	Cutoff	Days	Time
_____	2 Day	3-4	3 by 8/31/10	M, TH	8:30-11:30
_____	3 Day	3-5	4 by 3/1/11	T, W, F	8:15-11:45
_____	4 Day	4-5	4 by 8/31/10	T, W, TH, F	12:30-4:00

A non-refundable registration fee of \$75.00 must accompany completed forms. Families who are **not** already members of Saxon Hill School, Inc., must also include a one time \$5.00 membership fee. Please make checks payable to Saxon Hill School, Inc.

It is the intent of Saxon Hill School, Inc. to adhere to all applicable state and federal regulations concerning nondiscrimination in admission and scholarship policies. Children are expected to be toilet trained, or working toward that goal, at the time classes begin.

Saxon Hill School, Inc. will collaborate with the child's and family's school district in providing an interpreter and materials in the home language.

Parent/Guardian Signature

Parent/Guardian Signature

Date