

International Children's School, Inc.

South Burlington, VT. 05403 Ph: (802) 865-3344/ (802)865-3347 www.internationalchildrenschool.org

Thank you for your interest in our School.

Admissions Form

Please fill-out for the School Year: _____

Child's Name: _____ Enrollment Date: _____

Parent's Name: _____

Home Address _____ Home Phone _____

Mom's Other Contact Phone Number: _____

Dad's Other Contact Phone Number: _____

Emergency Contact: _____ Phone _____

Physicians Name: _____

Phone _____

Allergies: _____

How did you here about us? _____

Internet _____ Newspaper _____ Friends _____

Check the program Interested in:

Full Time Programs:

M-T-W-Th-F

Part-Time Programs:

T-W-Th

Early Morning Add-On:

5(1/2)days_

8:30am-3:30pm _____

8:30-3:30 _____

8:30-12:00 _____

8:00-8:30am _____

8:30am-5:30pm _____

3:30-5:30 _____

3:30 - 5:30 _____

Afterschool Program:

Alumni Students:

Tues_ Wed_ Thurs_

3:00-5:30pm

Parents: Print

Date: _____

1) Name: _____ 2) Name: _____

1) Signatures: _____ 2) Signatures: _____

Deposit: There is non-refundable enrollment deposit of \$200.00 and one month's tuition due with this agreement. This application is to be used only after a scheduled interview has been arranged with the school and the child , parent (s)and or guardian must attend

***Please send or bring to: International Children's School
1 Executive Drive
South Burlington, VT 05403**

OFFICE USE ONLY

Year Applied For _____ Date Received _____

Deposit Paid _____ Payment Form _____

