



2026–2027 APPLICATION

Today's Date: _____

Desired Admission Date: _____

Child Name:	Child DOB:
Adult 1:	Adult 2:
Address:	Address:
Phone:	Phone:
Email:	Email:

PLEASE CHECK CURRENT/ DESIRED CLASSROOM:

<input type="checkbox"/> SOUTH <i>15 months–2.9 years</i> <i>NO 5:00p PICK UP</i>	<input type="checkbox"/> NORTH <i>2.9 years–3.9 years</i>	<input type="checkbox"/> UPSTAIRS <i>3.9 years–5.9 years</i>
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DESIRED SCHEDULE:

Pick Up Time	Monday	Tuesday	Wednesday	Thursday	Friday
1:00					
3:30					
5:00					

Additional Notes Regarding Requested Schedule:

NEW FAMILIES: Please include a non-refundable \$40.00 application fee (per child) with your application. Your application and fee enables your child to be on our waiting list—*this does not guarantee admission to our program.* Upon admission, a Parent Contract will be prepared, a \$75.00 Enrollment Fee will be required, and a \$750.00 Tuition Deposit will be required before your child can begin attending school.

If you have any questions, please feel free to contact our Executive Director or Assistant Director at director@cushmanscott.org and assistantdirector@cushmanscott.org