



Parent Child Program 2016-17

Child's Name _____ Date of Birth _____ Gender _____

Parent's Names _____

Address _____

Email Addresses _____

Home Phone _____ Cell Phone _____

Classes for Parents and Toddlers ♥ 9am-11am:

Session A. Fridays • \$175

Sept 16, 23, 30 & Oct 7, 14, 21, 28

Session C. Fridays • \$175

Jan 6, 13, 20, 27 & Feb 3, 10, 17

Session B. Fridays • \$150

Nov 4, 11, 18 & Dec 2, 9, 16

Session D. Fridays • \$200

Mar 3, 10, 17, 24 & Apr 7, 21, 28? or May 5?, 12

Please check your preferred session here. A B C D

To secure your place in a session return payment and form. Confirmation of enrollment will be sent upon receipt of payment and form. Mail to **Acorn School, 2911 Lucas Tpke, Accord, NY 12404.**

By signing below, I understand that I am enrolling in Acorn School's Parent Child Program for the session indicated above. I understand that there are no refunds for missed classes. Make up classes may replace missed classes if space allows.

Parent Signature _____ Date _____

Questions: Please contact Motria Shuhan at 845-443-1541 or motria@acornschoollhouse.com