

**APPLICATION CONTRACT  
AAUW NURSERY SCHOOL**

2500 Northern Avenue, Waukegan, IL 60087  
847-623-0550

**Fall Early Explorers**

Child's Name \_\_\_\_\_  
(last) (first) (birth date) (sex)

Address \_\_\_\_\_  
(street) (city) (zip) (home phone) (email address)

Parents \_\_\_\_\_  
(parent/guardian's name) (work phone) (parent/guardian's name) (work phone)

Parent/guardian who will attend class with child \_\_\_\_\_ \*

Class will be held:

**Saturday mornings 9:30-11:00 a.m. September 17 – November 19, 2011**  
(no class on October 8 or November 12)

Please answer the following questions:

1. Has your child had any previous group experience? \_\_\_\_\_  
If yes, please describe the experience briefly. Yes No
2. Is there any special information we should have concerning your child?
3. How did you learn about our program?

A class fee of \$80.00 and a registration fee of \$15.00 totaling \$95.00 must accompany this application. (If you have already paid a registration fee this school year, then you need not pay this fee.) Make checks payable to AAUW Nursery School. The \$15.00 registration fee is not refundable. The \$80.00 class fee may be refunded up to and including Thursday, September 15, 2011, upon notification of cancellation to the school. No fees can be refunded after Thursday, September 15, 2011.

Please fill out and return the attached Health History form no later than Saturday, September 17, 2011. Each attending parent/guardian must have had a TB test within the last twelve months.

I have completed and read the information contained in this application. I understand that if fewer than 8 children register for this class, I may be notified of cancellation of the class and the \$95.00 fees will be refunded to me.

\_\_\_\_\_  
(date) (Parent/Guardian Signature)