

**REGISTRATION APPLICATION**  
**2010/11**

**Tuition Policy**

The tuition for the five-day program is \$440 per month (subject to change for 2011/12). No money is expected until a placement is offered, however, once a placement has been accepted, tuition for the last month plus a \$20 registration fee is necessary to hold the program for your child. These funds are not refundable.

Child's Name \_\_\_\_\_ birthdate \_\_\_\_\_

Physical Address \_\_\_\_\_ home phone \_\_\_\_\_

\_\_\_\_\_ cell phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ occupation \_\_\_\_\_

Address \_\_\_\_\_ work phone \_\_\_\_\_

e-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ occupation \_\_\_\_\_

Address \_\_\_\_\_ work phone \_\_\_\_\_

e-mail \_\_\_\_\_

IN CASE OF EMERGENCY, whom should we call if you cannot be reached?

Name \_\_\_\_\_ phone \_\_\_\_\_

cell \_\_\_\_\_

Address \_\_\_\_\_ Relation/neighbor \_\_\_\_\_

Doctor's name, phone, address:

---

Dentist's name, phone, address: \_\_\_\_\_

Special needs or concerns \_\_\_\_\_

---

Please list your child's brothers and sisters:

Name

Birthdate

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child cared for by anyone other than parents and if so whom?

Names, addresses & phone #'s of those permitted to transport your child:

---

---

---

---

---

Please use this space for comments on your child. Any information that you care to share will help us in better understanding the individual needs of your child.

---

Thank you for your interest in the Winter Harbor Children's House. You will be contacted for an interview. If you have any additional questions please contact us.

Tobee Labbe, Director  
Winter Harbor Children's House  
2 Yates Street P.O. Box 160  
Biddeford Pool, Maine 04006  
207-344-4309  
info@winterharborchildrenshouse.com

Parent Signatures \_\_\_\_\_