The Center for Early Childhood Education at
LÉMAN MANHATTAN
PREPARATORY SCHOOL

LITTLE BULLS REGISTRATION

Child's Name: _____ Sex: ☐ M ☐ F

Name usually called: _____ Date of Birth: _____/_____/_____

Current School: _____

Child's Home Address: _____

How did you hear about Little Bulls: *Please be as specific as possible (name of website or blog, a specific person or school who referred you)*

_____

Name of Parent Guardian #1: _____

Employer: _____ Title: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Name of Parent Guardian #2: _____

Employer: _____ Title: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Who will be attending Little Bulls with your child? Parent 1 ☐ Parent 2 ☐ Other Grown Up ☐

First and Last Name (*Other Grown Up*): _____

Relationship to your child: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact Name: _____

Relationship to your child: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Please submit to:

LÉMAN MANHATTAN PREPARATORY SCHOOL - ADMISSIONS OFFICE
41 BROAD STREET, NEW YORK, NY 10004 PHONE: 212-232-0266 FAX: 212-813-3216 ADMISSIONS@LEMANMANHATTAN.ORG
LEMANMANHATTAN.ORG

PAYMENT DETAILS *2017 Winter/Spring Tuition: $1,250*

CREDIT CARD: AMEX ☐ VISA ☐ MASTERCARD ☐

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

REGISTRATION TERMS

1. Program registration fees are due in full at the time of enrollment.
2. All program registration payments received by Léman Manhattan are nonrefundable.
3. Léman Manhattan reserves the right to cancel a class or section for which there is insufficient registration, in which circumstance families will be notified and will receive a full refund.
4. There are no make-up classes.

I (your name)_____ understand and have read these registration terms and agree to all stipulations. Photographs and videos in which my child appears may be used by Léman Manhattan Preparatory School for promotional and marketing purposes.

Signature of Parent or Guardian _____ **DATE:** _____

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