

**Returning**

**2016/2017**

#1 Child’s Name DOB\_\_\_\_\_\_\_\_\_Namesday\_\_\_\_\_\_\_\_\_\_\_\_\_

#2 Child’s Name DOB\_\_\_\_\_\_\_\_\_Namesday\_\_\_\_\_\_\_\_\_\_\_\_\_

#3 Child’s Name DOB\_\_\_\_\_\_\_\_\_Namesday\_\_\_\_\_\_\_\_\_\_\_\_\_

#4 Child’s Name DOB\_\_\_\_\_\_\_\_\_Namesday\_\_\_\_\_\_\_\_\_\_\_\_\_

#5 Child’s Name DOB\_\_\_\_\_\_\_\_\_Namesday\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother Father

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check # \_\_\_\_\_\_\_\_\_\_\_** **Cash Amount\_\_\_\_\_\_\_\_\_\_**

**Assembly Fee:**

**$400 for the first child**

**$250 for the second child**

**Please make check payable to: “Tolstoy Foundation, Inc.”**

**Memo: “Assembly Fee”**

I have read the Rules of Conduct *(on the back of this form)* and will adhere to them.

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

*Parent’s Signatures Date*

St. Sergius Learning Center•104 Lake Road, Valley Cottage, New York 10989

845-268-2037