

**Returning**

**2023/2024**

#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 : \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Assembly Fee:**

**$500 for the first child**

**$300 for the second child**

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

**Memo: “Assembly Fee”**

I have read and signed the Rules of Conduct and will adhere to them.

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

*Parent’s Signatures Date*

St. Sergius Learning Center•104 Lake Road, Valley Cottage, New York 10989 845-268-2037