



Capitol Hill Learning Group

2011-2012 application
www.CapitolHillLearningGroup.com



Date:	Child's name:
Sex: M ___ F ___	Birth date: (MM/DD/YYYY) <i>PLEASE DOUBLE CHECK THE YEAR!</i>
Home address:	
Parent/Guardian Name:	Parent/Guardian Name:
Home phone #:	Home phone #:
Cell phone #:	Cell phone #:
*E-mail address:	*E-mail address:

*Please print clearly and include contact information for both parents/guardians when possible. **Please highlight the e-mail you would like us to use as the primary e-mail contact.** We use e-mail for most of our correspondence, so please inform us via the "contact" tab on the CHLG web-site if your e-mail address changes.

Please use the back of this sheet to describe any special learning needs your child may have.

Check here if you've included information on the back. *Please note: CHLG is not able to provide special services.

Please choose the co-op age group you are applying for. See Class Calculator (online) for eligibility.

	Grasshoppers/Crickets/Junebugs	3 day program	T, TH, F	10 payments of \$300
	*Caterpillars	2 day program	T, TH	10 payments of \$215
	*Honeybees	1 day program	F	10 payments of \$150
	Rollie Pollies	1 day playgroup	W	\$350/year
	Doodlebugs	1 day playgroup	W	\$350/year

Note that some children may be eligible for more than one option. You may check more than one box if desired. Please see the Class Calculator (posted online under the "apply" tab) to determine eligibility.

*I have applied for Caterpillars and/or Honeybees, but my child's birthdate falls in the pink section of the class calculator. I understand that, due to licensing requirements, children are not allowed to attend the teacher led classes until they are at least 30 months old. If my child is accepted I am willing to begin paying tuition in September, even though my child will not be allowed to attend class until he/she is 30 months old. Additionally, I understand that I will still be responsible for completing all required duty days just as if my child had started school on September 6th.

By signing this application, I affirm that the information above is accurate to the best of my knowledge. I also understand that this application and non-refundable fee do not guarantee my child a spot at CHLG. If my child is offered a spot for the 2011-2012 school year, I will be asked to sign the CHLG Program Policy and Procedures document and will be expected to provide a non-refundable deposit to hold my child's spot. *NOTE: For your calendar, letters regarding acceptance/waitlist status will be mailed by April 15th. Deposits for those accepted must be postmarked by May 8th.

Parent signature: _____ Date: _____

**Please include a \$25 non-refundable application fee made payable to CHLG.
Please mail/drop applications and fee to:
Carrie Russell, 629 7th Street NE Washington, DC 20002**

FOR CHLG USE:
Date application received: _____ Application fee received? Y N
Date deposit received: _____ Amount \$ _____
IW _____ NS _____