



# 2024-2025 ONE-TO-ONE TODDLER CLASSES

ACT Programs | 1047 Amsterdam Ave | (212) 316-7530 | [act@stjohndivine.org](mailto:act@stjohndivine.org)

## HOUSEHOLD INFORMATION

Child's Name: _____ Date of Birth: _____ Gender: _____	
Parent 1 Name: _____	Parent 2 Name: _____
Occupation: _____	Occupation: _____
Contact Number: _____	Contact Number: _____
Home Address: _____	Home Address: _____
_____	_____
Email: _____	Email: _____

## Please indicate your selection: check box, confirm days, dates and times

Rank your choice (1 and 2)	Section	Time	Age	Class Dates	Annual Tuition
<input type="checkbox"/>	Wednesdays	9:30 AM to 11:00 AM	2.0 as of Dec. 31st 2024	<b>September 11 - May 21</b> (no class Dec 25, Jan 1, Jan 29, Feb 19, April 16)	\$2,340
<input type="checkbox"/>	Fridays	9:30 AM to 11:00 AM	2.0 or 3.0 as of Dec. 31st 2024	<b>September 13 - May 23</b> (no class Oct 4, Nov 29, Dec 27, Feb 21, April 18)	\$2,340

## ENROLLMENT STIPULATIONS AND REQUIREMENTS

Only one adult may attend with the child, and must stay for the entire duration of the class.
A <b>\$35 non-refundable annual mission fee</b> will be added to your tuition to cover the cost of ACT community events.
Fees and tuition are non-refundable once space is confirmed. Credit card payments incur a 3% processing fee.
<b>Full payment is due along with this application.</b> Split payment available upon request.
No sibling discount.
<b>No refunds for missed classes or absences.</b> You may make up 2 missed classes on a different section day.
We reserve the right to cancel or change a class based on enrollment. You will be promptly notified and will receive a full refund in the event of a section cancellation.

I, \_\_\_\_\_, have read, understand and agree to these stipulations regarding registration procedures. Photographs and videos in which my child appears may be used by ACT for promotional purposes, and I understand this.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_