



Tower Day School Application Form 2026/2027

Child's Name: _____

Date of Birth: ____/____/____

Sex: M _____ F _____

Parent's Name: _____

Home Address: _____
Street Town Zip

Phone: _____ email: _____

Name(s) of sibling(s) who have previously attended Tower Day School:

Please number your class choices in order of preference.

3 year-old class options

___ T,TH class (8:30 - 11:30)

___ M,W,F class (8:30 - 11:30)

___ M-F class (8:30 - 11:30)

4 year-old class options

___ M,W,F class (8:30 - 11:30)

___ M-F class (8:30 - 11:30)

___ M,W,F FULL DAY class (8:30 - 2:30)

___ T,W,TH FULL DAY class (8:30 - 2:30)

Transition class

___ M,W,F (8:30 - 11:30) and T,TH (8:30 - 2:30)

___ Yes, I have read the attached Application Information.

Signature _____ Date _____

Please return this form along with your \$75.00 application fee (one per family)

The application fee is refundable if we *cannot* offer you one of your class choices.

Make checks payable to: Tower Day School