

Chelsea Day School



Winter-Spring Toddler Group 2012



Session Two Schedule

The Toddler Group is for children ages 16 – 22 months and a parent or caregiver. The goal of the program is to provide a setting where adult and child can play with age-appropriate toys, develop language, communication skills and fine and gross motor skills, discover positive techniques for guidance and discipline and learn about child development. These skills will be developed through art activities, story time, snack time, open play, singing songs and modeling behavior of teachers as they interact with other children. The group is guided by Chelsea Day School teachers.

This Toddler Group meets on Monday, Tuesday, Wednesday and Thursday from 3:30pm to 5:00pm. This session runs for 13 weeks from Monday, February 6th 2012 to Tuesday, May 22nd. You may sign up to attend one or two days a week. There are no make-ups or refunds for missed days. Enrollment is on a first-come, first-served basis, and Chelsea Day School siblings are given priority.

Fees:

One Day \$650
Two Days \$1300

Monday	Tuesday	Wednesday	Thursday
Feb. 6	Feb. 7	Feb. 8	Feb. 9
Feb. 13	Feb. 14	Feb. 15	Feb. 16
NO CLASS	NO CLASS	Feb. 22	Feb. 23
Feb. 27	Feb. 28	Feb. 29	Mar. 1
Mar. 5	Mar. 6	Mar. 7	Mar. 8
Mar. 12	Mar. 13	Mar. 14	Mar. 15
NO CLASS	NO CLASS	NO CLASS	NO CLASS
NO CLASS	NO CLASS	NO CLASS	NO CLASS
Apr. 2	Apr. 3	Apr. 4	Apr. 5
NO CLASS	Apr. 10	Apr. 11	Apr. 12
Apr. 16	Apr. 17	Apr. 18	Apr. 19
Apr. 23	Apr. 24	Apr. 25	Apr. 26
Apr. 30	May 1	May 2	May 3
May 7	May 8	May 9	May 10
May 14	May 15	May 16	May 17
May 21	May 22	NO CLASS	NO CLASS

Please make checks payable to:
Chelsea Day School

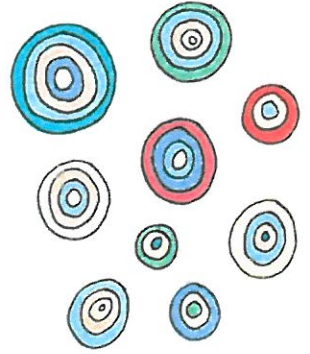


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Toddler Group Sign Up

Session Two



Please complete this form and return it to the school as soon as possible.

Child's Name: _____

Child's Date of Birth: _____

Parents' Names: _____

Home Address: _____

Home Telephone and Cell: _____

Email: _____

Name of Parent or Caregiver Attending: _____

Emergency Contact & Phone: _____

Medical Information (Allergies or Medical Conditions):

I would like my children to attend class on the following day(s):

Check Enclosed: \$ _____

Thank you!