



Returning 2020/2021

#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:

\$350 for the first child

\$150 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