

Registration Form (Pre-School)

Preferred Start Date _____

Child's Name _____ Date of Birth _____ M/F

Parent/Guardian's Name _____

Address _____ City _____ Zip Code _____

Phone Numbers (home) _____ (work/cell) _____

E-mail Address _____

HALF DAY

9:00am - 12:30pm

3 days a week _____ (please circle days) M T W Th F
5 days a week _____

FULL DAY

9:00am - 3:00pm

3 days a week _____ (please circle days) M T W Th F
5 days a week _____

EXTENDED DAY CARE

7:00am - 9:00am / 3:00pm - 6:00pm

am daycare _____

pm daycare _____

am & pm daycare _____

* There will be a \$200.00 enrollment fee due upon registration. *Initials* _____

* There will be a \$400.00 first month tuition deposit due upon registration *Initials* _____

Confirmed Start Date _____ By _____ On _____ Spoke With _____ Teacher _____

Deposit Received on _____ Amount _____ Ck# _____ Gave Packet _____ Procure _____

Additional Comments: