



**REGISTRATION FORM**

Name of Child: \_\_\_\_\_ School Year: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_  
Name of Parents (Mother): \_\_\_\_\_ Cell #: \_\_\_\_\_  
(Father): \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Has child attended any other pre-school? (if so, where?): \_\_\_\_\_  
Recommended by: \_\_\_\_\_

Class Preferred:  
Younger 3 \_\_\_\_\_ 3 year old \_\_\_\_\_ 4 year old \_\_\_\_\_ 4ADV \_\_\_\_\_ Pre-K \_\_\_\_\_  
Number of days per week: 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
Session Preferred: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Full Day \_\_\_\_\_

**REGISTRATON FEES:**

Pre-School: New Registration: \$50.00 Re-registration: \$30.00

Tuition is payable at the **beginning** of each week or month.

**Kindergarten** schedule and rates also available, please see Director

**Registration fees are non-refundable.**

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