



PRESCHOOL REGISTRATION FORM

Name of Child: _____

School Year: _____

Address: _____

Date of Birth: _____

Phone #: _____

Name of Parents; (Parent #1): _____

Cell #: _____

(Parent #2): _____

Cell #: _____

Email Address: _____

Has child attended any other pre-school? (If so, where?): _____

Recommended by: _____

Class Preferred: Yg 2 year old _____ 2 year old _____ 3 year old _____ Pre-K _____

Number of days per week: 2 _____ 3 _____ 4 _____ 5 _____

Days Attending: M _____ T _____ W _____ Th _____ F _____

Session Preferred: Morning _____ Full Day _____

REGISTRATON FEES:

Pre-School: New Registration: \$125.00 Re-registration: \$50.00

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

Registration fees are non-refundable.

Parent's Signature

Date