



2024-2025

1. Complete front and back of form.
2. Parent/Guardian must sign the back of form.
3. Turn in this completed form *with* the \$75 registration fee.
4. Your child's spot *is not* reserved until all steps are complete.
5. **Please note, children must be toilet trained to participate in our program**

Child's Name _____ Preferred Name _____

Age _____ Gender _____ Date of Birth _____

Address _____ City _____ (Zip) _____

Cell Phone: (father) _____ (mother) _____

Home Phone: _____ Email: _____

Please indicate which session for which you are registering:

- 4 year old Monday, Wednesday, Friday 9:00 to 11:30 \$200/month
- 4 year old **extended day** Monday, Wednesday, Friday 9 to 12:30 \$245/month
- Kindy Prep (4 Year Olds ONLY) Monday – Friday 9-12:30 \$385/month
- 3 year old Tuesday, Thursday 9:00 to 11:30 \$160/month
- 3 year old **extended day** Tuesday, Thursday 9:00 to 12:30 \$195/month

A 5% discount may be taken if the full year's tuition is paid in full by Sept 15th of the new school year.

Father's Name	Employer	Telephone Number
Mother's Name	Employer	Telephone Number
Child lives with:	Mother and Father	Mother Father Other
Authorized Adult (if parents are working)		
Name:		Phone:

Siblings		
Name:	Age	Gender

***** Please complete reverse side

Please describe any health problems your child has (allergies, heart trouble, speech difficulty, seizures, diabetes, etc.)

Please indicate if there are any custodial issues we should be aware of:

Has this child been in a preschool situation before? y/ n

If so, when and where? _____

Does the family regularly attend church? y/n

If so, where? _____

Is there anything else you would like us to know about your child? _____

Please tell us how you heard about our preschool: _____

Other contact information

Email address for receiving class information _____

Cell phone you wish to receive texts regarding school information _____

Sitter's Name and contact information if child will be dropped off or picked up by a sitter

Emergency contacts:

Name: _____ Name: _____

Phone: _____ Phone: _____

Physician Name and Phone number: _____

Statement of responsibility: When we (the parents/guardians) cannot be notified in case of emergency, the teacher is authorized to make decisions to insure the welfare and health of my child. I understand the school assumes no financial obligation in case of emergency treatment.

We understand and agree to pay the monthly tuition for the program we have selected for our child.

Signature of parent/guardian _____ Date _____

Office use only: Reg form _____	Reg fee _____
Confirmed _____	Info sent _____