

Start Date: _____

Classroom: _____

Boy or Girl
(Please circle)

Preschool Registration Form

Child's Name _____ **Date of Birth** _____

Parent/Guardian's Name _____

Address _____ City _____ Zip Code _____

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

E-mail Address _____

Please check the program that most fits your needs

HALF DAY

9:00am - 12:00pm

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 _____

Required Fees:

New Student Registration Fee \$200.00 (*non-refundable*) **initial** _____

Tuition Deposit \$400.00 (*non-refundable*) **initial** _____

Earthquake Kit \$25.00

Total Amount Paid: _____ **Date:** _____ **Check #:** _____