



Start Date: \_\_\_\_\_

Classroom: \_\_\_\_\_

## PRESCHOOL Registration Form

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male/ Female

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 \_\_\_\_\_

5 days a week \_\_\_\_\_

### FULL DAY

9:00am - 3:00pm

3 days a week \_\_\_\_\_

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 **initial** \_\_\_\_\_

**Total Amount Paid:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Check #:** \_\_\_\_\_