



Registration Form

School Year 2024-2025

Child's Information: Male ___ Female ___ Birthday ___/___/___

Last Name _____ First Name _____ Nickname _____

Primary Address _____ City _____ Zip _____

Allergies/Conditions _____

Is this your child's first preschool experience? Yes ___ No ___

Is/has your child been in any type of developmental program (ex. Speech, Occupational therapy)

Yes ___ No ___

If so, what type of program? _____

Primary language spoken at home _____

Contact Information: Please provide one email and cell number to be the primary contact

Primary email _____ Primary cell _____

Parent #1 _____ Address is same as above

Address _____ Email _____

Cell phone _____ Occupation _____

Parent #2 _____ Address is same as above

Address _____ Email _____

Cell phone _____ Occupation _____

Registering for _____

*All students must be potty trained.

M/W/F 4yr Old Class _____ (Tuition = 9 equal payments of \$250 + One time supply

*Must be 4 by Sep 1st fee of \$120)

T/TH 3yr Old Class _____ (Tuition = 9 equal payments of \$180 + One time supply

*Must be 3 by Sep 1st fee of \$70)

___ \$60 non-refundable registration fee is included with form

___ I will provide IMMUNIZATION records for my child by the start of the school year

Parent/Guardian Signature

Date