



Registration Form

School Year 2026-2027

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. Both classes must be 3 or 4 years old by August 1st.

M/W/F 4yr Old Class _____ (Tuition- \$270+ Supply fee of \$120 due in August and January)

Lunch bunch option _____ \$320/month

T/TH 3yr Old Class _____ (Tuition- \$200 + Supply fee of \$70 due in August and January)

___ \$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

Revised 12/2025

Date received by Director _____