



## PRESCHOOL REGISTRATION FORM

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_  
\_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Person Responsible for Tuition and Fee Payments \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ to be used for invoices/receipts

Date Enrolled \_\_\_\_\_

Times services are needed \_\_\_\_\_ to \_\_\_\_\_

Full Day: 5 Days \_\_\_\_\_ 3 Days \_\_\_\_\_ 2 Days \_\_\_\_\_

Preschool: 5 Days \_\_\_\_\_ 3 Days \_\_\_\_\_ 2 Days \_\_\_\_\_

(Please specify which days child attends on PT plan)

Days of attendance: M T W Th F

Director: Prorate amount when necessary \_\_\_\_\_ + any other appropriate fees