

**COMMUNITY PRESCHOOL
REGISTRATION FORM**

Child's Name _____ Date of Birth _____ Sex _____

Name child is to be called school _____

Father's Name _____ Mother's Name _____

Address _____ City/Zip _____

Telephone (Home) _____ Work _____ Cell _____

Please indicate below which class you would like your child enrolled:

- | | | |
|-----------------------------------|------------------------|--------------|
| _____ 3 Year-old Mornings | Thursday/Friday | 9:00 - 11:30 |
| _____ 3 Year-old Afternoons | Thursday/Friday | 12:30 - 3:00 |
| _____ 3 Year-old 3-Day | Wed./Thurs./Fri. | 12:30 - 3:00 |
| _____ 4 Year-old Mornings | Mon./Tues./Wed. | 9:00 - 11:30 |
| _____ 4 Year-old Afternoon | Mon./Tues./Wed. | 12:30 - 3:00 |
| _____ 4 Year-old 4-Day Afternoons | Mon./Tues./Thurs./Fri. | 12:30 - 3:00 |
| _____ Pre-K Class* | Mon./Tues./Thurs./Fri. | 9:00 - Noon |

* This class is for children who will be 5 by September 30th and eligible to attend kindergarten, but need an additional year to assist them in being better prepared for a successful kindergarten experience.

I, _____, would like my child's name, address and phone number on the class roster.

ALL CLASS TIMES ARE SUBJECT TO CHANGE DUE TO CLASS SIZES OR DEMAND. YOU WILL BE NOTIFIED OF ANY CHANGES AS SOON AS

Please let us know how you heard about Community Preschool.

_____ Newspaper

_____ Internet

_____ Other

Referred By: _____