



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 \_\_\_\_\_

Phone (H) \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

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 Wednesday/Thursday 12:30 - 3:00
- \_\_\_\_\_ 3 Year-old 3-Day Tues./Wed./Thurs. 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./Wed./Thurs. 12:30 - 3:00
- \_\_\_\_\_ Pre-K Class\* Mon./Tues./Thurs./Fri. 9:00 - 12:00

\*This class is for children who will be 5 by September 10th 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 POSSIBLE.

Please let us know how you heard about Community Preschool.

\_\_\_\_\_ Newspaper

\_\_\_\_\_ Internet

\_\_\_\_\_ Referral

Name \_\_\_\_\_