

2025-2026 **Registration Form**

Office Use Only						
Check #						
Cash Receipt #						
Date Received:						
Amount						

Complete the form to confirm your child's class selection. A **completed registration form** is due with a \$50 non-refundable registration fee (\$25 Registration for second sibling). Checks should be made payable to Community Preschool, PO Box 495, Chesterland, Ohio 44026. Registration is not complete until the registration form and fee are received.

STUDENT INFORMATION							
Last Name		First Name	First Name		Gender	Age on 9/1/2025	
Previous preschool experience: Y or N							
If so, where?			Dates attended?				
How did you hear about Community Preschool? (Friend/Family, Chesterland News, Facebook, Instagram, Other)							
		PARENT / GUARD	IAN INFOR	RMATION			
□ Mother □ Father □ Guardian			□ Mother □ Father □ Guardian				
Name			Name				
Cell			Cell				
 Email			Email				
Home address/city/zip:							
PLEASE SELECT THE PREFERRED CLASS FOR YOUR CHILD'S ENROLLMENT							
	3-year-old morning This class is for children who are th	Thurs/Fri nree by the end of September a		m 12:00 p.m ained by the start of		\$180 per month	
	3-year-old morning This class is for children who are th	Mon/Tues/Wed hree by the end of September a				\$230 per month	
	4-year-old morning This class is for children who are for			m 12:30 p.m. _{ined.}	Tuition \$	260 per month	
	5-year-old morning This class is for children who will b cutoff or who need more maturing			•		\$260 per month iss the kindergarten	
	3 & 4-year-old afternoon This is for children who will be thre					\$240 per month	

All class times are subject to change based on class sizes or demand. You will be informed of any changes as soon as possible. The preschool director and/or board reserves the right to cancel any session that does not meet the minimum class size requirement.