

**Preschool Place
Registration Form
Ages 16 Months to Kindergarten**

Student Information:

Child's Name: _____ ___ Male ___ Female
Name to be used at school: _____ Date of Birth: _____
Parent's Name: _____ Home Phone: _____
Cell Phone: _____
Address: _____ City: _____ Zip: _____
Email Address: _____

Enrollment Information:

Please select the classroom program that you wish to enroll your child.

Childcare - Toddler Full time	
Childcare - Toddler Part time (3 Days)	
Childcare - Preschool Full time	
Childcare - Preschool Part time (3 Days)	
Half Day Preschool A Class	
Half Day Preschool B Class	
Half Day Preschool C Class	
Half Day Preschool D Class	
Half Day Preschool E Class	

Please list any special needs, allergies or medical needs:

- * Half Day Preschool - Registration Paperwork will be sent out August 1
- * \$50.00 deposit due with registration