

PRESCHOOL PLACE

Registration & Enrollment • 2026–2027

STUDENT INFORMATION

Child's Full Name: _____ Gender (circle): Male / Female

Name used at school (if different): _____

Date of Birth: _____ Age: _____

Parent/Guardian Name(s): _____

Phone Number: _____

Email Address: _____

Home Address: _____

City: _____ Zip: _____

Requested Start Date: _____

CHILDCARE HOURS (Full Day Childcare Only)

List the hours your child will be present at Preschool Place.

Center Hours: 6:30am – 5:15pm

Monday: _____ Total Hours _____

Tuesday: _____ Total Hours _____

Wednesday: _____ Total Hours _____

Thursday: _____ Total Hours _____

Friday: _____ Total Hours _____

* Enrollment is based on these hours. Please do not arrive early or late without office approval.

* Over 10 hrs/day adds \$10.00/week

ENROLLMENT INFORMATION

Please select the classroom/program you wish to enroll your child in:

- ☐ Childcare – Toddler Full Time
- ☐ Childcare – Toddler Part Time (3 days minimum)
- ☐ Childcare – Preschool Full Time
- ☐ Childcare – Preschool Part Time (3 days minimum)
- ☐ Half Day Preschool A Class - Monday - Friday 9:00 AM - 3:00 PM
- ☐ Half Day Preschool B Class - Mon/Wed/Fri 9:00 AM - 3:00 PM
- ☐ Half Day Preschool C Class - Tue/Thu 9:00 AM - 3:00 PM
- ☐ Half Day Preschool D Class - Tue/Thu 9:00 AM - 11:30 AM
- ☐ Half Day Preschool E Class - Tue/Thu 12:30AM - 3:00PM

SPECIAL INFORMATION

Please list anything we need to know (allergies, special needs, medical notes, etc.):

DEPOSIT

\$50.00 Registration Deposit Due With Registration

Payment Type (circle one): Check / Cash

Check # (if applicable): _____ Date Received: _____

OFFICE USE / ADDITIONAL NOTES

Use this space for admin notes, classroom placement, scheduling, or follow-up items:

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