

Please Check Box for Preferred Days:

4 and 5 year old Options:

4 and 5 HALF DA					L DAYS			
7:50-11:3		DAYS/WEEK	COST/MONTH	7:50-			DAYS/WEEK	COST/MON
/	Monday/Tuesday	2 days	\$ 140.00	_	Monday/T	uesday	2 days	\$ 285.00
V	Nednesday/Thursday	2 days	\$ 140.00		Wednesda	ay/Thursday	2 days	\$ 285.00
Ν	Monday thru Thursday	4 days	\$ 285.00		Monday t	hru Thursday	4 days	\$ 565.00
A nonrefu	undable registration fee	of \$30 is requ	uired to hold	your chi	ld's place in	preschool		
3 vear	old Option:							
· ·	AY 8:00-11:30	DAYS/WEEK	COST/MONTH					
	Friday Morning	1 day	\$ 70.00					
A nonrefu	undable registration fee	of \$30 is requ	uired to hold	your chi	ld's place in	preschool		
Child'a N	Jame				Date	of Birth		
Child S N	Address							
					This child is u	nder the custodial	care of: (check c	one)
Address _						nder the custodial		
Address _ City/ST/2				C	both parents	mother fat	her 🗌 other (atta	ch
Address _ City/ST/2	Zip	olds are eli	gible for bus	c sing. Ple	both parents ase check i	□mother □fath	her other (atta	ch
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Emergency Contacts: People who have permission to pick up your child and/or we should contact in an emergency (*Please list at least 2 contacts other than parents*)

Name	Phone#	
Name	Phone #	
Name	Phone #	
Child's Doctor	Phone #	
Child's Dentist	Phone #	

PUBLIC RELATIONS PERMISSION FORM

Occasionally students and/or parents are photographed or recorded on audio or video tape while they are engaged	d
in various educational activities. These pictures or tapes may be used in various ways: either to promote the	
program or in some educationally related manner. In that such photographs or recording is voluntary, we seek yo	our
permission to use your family or child in our project. No child will be recorded without parental approval. No	
photograph will be used as promotional material or in an educationally related project without parental approval	l .
You have my permission to photograph and/or electronically record my child f	for
educationally related purposes in the preschool program, and use such photos or recordings for educational	
distribution.	

Parent/Guardian Signature	Date
**************	******************

Please list any allergies your child has:

Please list any medications your child is receiving:

Please list any health conditions the preschool staff should be aware of: (This will remain confidential)

Please tell us how you heard about our program: