



PRESCHOOL ENROLLMENT 2024-2025

Please Check Box for Preferred Days:

4 and 5 year old Options:

HALF DAYS				FULL DAYS			
7:50-11:30		DAYS/WEEK	COST/MONTH	7:50-2:40		DAYS/WEEK	COST/MONTH
	Monday/Tuesday	2 days	\$140.00		Monday/Tuesday	2 days	\$285.00
	Wednesday/Thursday	2 days	\$140.00		Wednesday/Thursday	2 days	\$285.00
	Monday thru Thursday	4 days	\$285.00		Monday thru Thursday	4 days	\$565.00

A nonrefundable registration fee of \$30 is required to hold your child's place in preschool

3 year old Option:

	Friday Morning	1 day	\$70.00
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HALF DAYS 8:00-11:30 DAYS/WEEK COST/MONTH

A nonrefundable registration fee of \$30 is required to hold your child's place in preschool.

Child's Name _____ Date of Birth _____

Address _____

This child is under the custodial care of: (check one)

City/ST/Zip _____

both parents mother father other (attach documentation)

Four and five year olds are eligible for busing. Please check if you are interested in busing

Parent/Guardian Name _____

Parent/Guardian Name _____

Primary Phone # _____

Primary Phone # _____

Secondary Phone # _____

Secondary Phone # _____

Address _____

Address _____

Email _____

Email _____

Siblings:

Attends North Shore?

_____ yes no

_____ yes no

_____ yes no

_____ yes no

For Office Use Only: **Date Received** _____ **Registration Fee Received** _____

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 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 your 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. You have my permission to photograph and/or electronically record my child _____ 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:
