

Registration Form

Child Information

Name _____

Date of birth _____

Parent Information

Parent's Name _____ Parent's Name _____

Address _____

Home Phone _____

Parent's Work # _____ Cell _____ E-mail _____

Parent's Work # _____ Cell _____ E-mail _____

Program Requested

3-year-olds (Tuesday and Thursday, 9 a.m. to 12 p.m.)

4-year-olds (Monday, Wednesday and Friday, 9 a.m. to 1 p.m.)

School year runs from mid-September to mid-June.

I would like to register my child in Community Preschool for the above program. Prior to the start date, I will review the enrollment kit and complete and return all necessary documents. My non-refundable \$50 initial registration fee is enclosed. (New students: First month's tuition is also due.)

Signature

(Relationship)

Date