

APPLICATION AND REGISTRATION FORM 21-22 SCHOOL YEAR

Child Information:			
Last Name	First Name		
Boy Girl DOB (mm/dd/y	yy) Preferred/Nick Name		
Street Address	Apt. No		
City State	Zip Email		
School District	Child's age on September 1 st , 2021		
Telephone Number	Cell Land Line		
Preferred Method of Contact: Ph	hone Text Email		
Phone # to call during school day in event of illness/emergency			
Family Information:			
Parent/Guardian #1 Name			
Relationship	Occupation		
Address (if different than child) _			
Email	Phone		
Parent/Guardian #2 Name			
Relationship			
Address (if different than child) _			
Email	Phone		

Student Lives with (check one): Both Pare	ents Mom	_ Dad
Other (please list name and relationship)		
Other Family Members in the household:		
Name	_ Relationship	Age
Name	_ Relationship	Age
Name	Relationship	Age
Name	_ Relationship	Age
Health Concerns or Diagnoses: Allergies (food or other) and Reactions		
Emergency Contact Information (other tha	•	
Telephone Number	•	
Check preference: 5 days (recommended) 3 days 2 days_	

Tuition and Information

575 non-refundable registration fee is due with application, monthly tuition is due by the 5^{th} of the month.

Children will be placed in an age-appropriate classroom. Children may be placed in a group based on teacher recommendation or parental input. We will do our best to accommodate requests, but the school director has final say.

Preschool Hours are from 8:30 - 11:30 am Monday through Friday.

Classes will begin in September and end in May.

Parents are required to sign our policy forms and join our classroom app prior to the first day of school.

Your child may be asked to come in prior to school start for an assessment and/or meet and greet.