

**Community Preschool
Registration Form**

Child's Name _____ **Date of Birth** _____ **Gender** _____

Name child is to be called school _____

Father's Name _____ **Mother's Name** _____

Address _____ **City/Zip** _____

Phone (Home) _____ **Cell** _____ **Email** _____

Please indicate below which class you would like your child enrolled:

_____ 3 Year-old Mornings	Thursday/Friday	9:00 - 11:30
_____ 4 Year-old Mornings	Mon./Tues./Wed.	9:00 - 11:30
_____ 4 Year-old Mornings	Mon./Tues./Wed.	10:00 - 1:00
_____ Pre-K Class*	Mon/Tues./Wed.	8:30 -12:30

*** This class is for children who will be 5 by September 10th and eligible to attend kindergarten, but need an additional year to assist them in being better prepared for a successful kindergarten**

I, _____, would like my child's name,

ALL CLASS TIMES ARE SUBJECT TO CHANGE DUE TO COVID, CLASS SIZES, OR DEMAND. YOU WILL BE NOTIFIED OF ANY CHANGES AS SOON AS POSSIBLE.

Please let us know how you heard about Community Preschool.

Newspaper

Internet

Referral

Name _____

\$50 non-refundable registration fee is due at registration.