

REGISTRATION FORM



Child's Name _____ Date of Birth _____ Sex _____

Name child is to be called school _____

Father's Name _____ Mother's Name _____

Address _____ City/Zip _____

Telephone (Home) _____ Cell _____ Email _____

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

- | | | |
|-----------------------------------|------------------------|--------------|
| _____ 3 Year-old Mornings | Thursday/Friday | 9:00 - 11:30 |
| _____ 3 Year-old Afternoons | Wednesday/Thursday | 11:30 - 3:00 |
| _____ 3 Year-old 3-Day | Tues./Wed./Thurs. | 12:30 - 3:00 |
| _____ 4 Year-old Mornings | Mon./Tues./Wed. | 9:00 - 11:30 |
| _____ 4 Year-old Afternoon | Mon./Tues./Wed. | 12:30 - 3:00 |
| _____ 4 Year-old 4-Day Afternoons | Mon./Tues./Wed./Thurs. | 12:30 - 3:00 |
| _____ Pre-K Class* | Mon./Tues./Thurs./Fri. | 8:30 - 12:30 |

* This class is for children who will be 5 by September 30th and eligible to attend kindergarten, but need an additional year to assist them in being better prepared for a successful kindergarten experience.

I, _____, would like my child's name, address and phone number on the class roster.

**ALL CLASS TIMES ARE SUBJECT TO CHANGE DUE TO 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 _____