



Start Date _____
Age 9-1-19 _____

# Registration Form 2019-2020

## Before and After Preschool Care

### 2, 3, 4, & 5 years as of September 1<sup>st</sup> 2019 only

### Supply Fee and May 2020 Tuition Due at Registration

**Available Hours of Care:**

Before Care: 8 am to 9 am; After Care: 2:30 pm to 4:00 pm

**Hours per day requested:** \_\_\_\_\_ **Days Requested: M T W T H (Please circle)**

**Before care admitting time requested:** \_\_\_\_\_

**After care dismissing time requested:** \_\_\_\_\_

**Child's Full Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

Age as of 09/01/2019 \_\_\_\_\_ Birthday \_\_\_\_\_ Sex (Circle One) Male Female

Mailing Address \_\_\_\_\_

Street City Zip

Home Phone Number \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Please List any allergies or health problems \_\_\_\_\_

### Admitting and Dismissing Information

Preschool Class Name	Preschool Teacher Name	Preschool Room Number

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*