

Preschool Registration 2025-2026

Registration Date _____ Returning Student New Student

Child's Name _____ Preferred Name _____

Date of birth ____ / ____ / ____ Age as of Sept 1, 2025 _____

Home Address _____

City _____ Zip Code _____

Mother's Name _____ Phone _____

Email _____ Occupation _____

Father's Name _____ Phone _____

Email _____ Occupation _____

Parent's Marital Status _____ Do both parents have custody rights? _____

Church normally attended _____ Denomination/Religion _____

Primary language spoken at home _____ Does your child speak/understand English? _____

Does your child have any food allergies? Yes No Does your child require an Epipen? Yes No

If yes, please explain _____

How did you hear about our school? _____

Class Selection

<input type="checkbox"/> 2s - Monday/Wednesday \$245/month	<input type="checkbox"/> 3s - 3 day (T, W, Th) \$265/month	<input type="checkbox"/> Pre-K - 4 day (M-Th) \$290/month
<input type="checkbox"/> 2s - Tuesday/Thursday \$245/month	<input type="checkbox"/> 3s - 4 day (M-Th) \$285/month	<input type="checkbox"/> Pre-K 5 day (M-F) \$350/month

