

ASSOCIATED PRESCHOOL REGISTRATION FORM

Registration begins Monday, February 22nd. Please complete this form and return it along with the registration fee (non-refundable) and one-month tuition (refundable upon notification before July 1, 2010).

New Student Registration/Activity fee with bag	\$45.00	_____
Returning Student Registration/Activity fee without bag	\$35.00	_____

Child's Name	Birthday: Month/Day/Year	Boy (Circle) Girl
--------------	--------------------------	-------------------

Home Address	Phone Number
--------------	--------------

Father's Name	Place of Employment	Phone Number
---------------	---------------------	--------------

Mother's Name	Place of Employment	Phone Number
---------------	---------------------	--------------

With whom does this child live? (Circle) Both parents Mother Father Other: _____

Siblings (Name and Age) _____

If child will regularly be at daycare during the day, please list name and phone number of the provider. _____

Class choice: Please indicate your 1st and 2nd choice of class below: All classes must have a minimum number of students to be held.

***THREE YEAR OLD PROGRAM**
2 day classes

_____ M-T 8:00 – 10:00
 _____ M-T 10:15 – 12:15
 _____ W-Th 8:00 – 10:00

****FOUR YEAR OLD PROGRAM**
2 day classes

_____ M-T 8:00 – 10:00
 _____ M-T 10:15 – 12:15

Tuition (due 1st of each month)
2 day classes \$70.00/month
3 day classes \$95.00/month

3 day classes

_____ W-Th-F 8:00 - 10:00
 _____ W-Th-F 10:15 - 12:15

- *Child must be three years old on or before September 1, 2010.
 - **Child must be four years old on or before September 1, 2010.
 - ***All students must be toilet trained at the beginning of the school year.
- Please let us know if your child has special needs. Thank you.

I give my permission to have my phone number published in the student directory.

Signature	Date
-----------	------

NOTE: TRANSPORTATION IS PARENTS' RESPONSIBILITY