

ASSOCIATED PRESCHOOL REGISTRATION FORM

Registration begins Monday, February 27th. Please complete this form and return it along with the **registration fee** (non-refundable) and **one-month tuition** (refundable upon notification before July 1, 2012).

New Student Registration/Activity fee with bag	\$50.00	_____
Returning Student Registration/Activity fee without bag	\$40.00	_____

Child's Name	Birthday: Month/Day/Year	Boy (Circle) Girl
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Home Address	Phone Number
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Father's Name	Place of Employment	Phone Number
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Mother's Name	Place of Employment	Phone Number
Family E-mail address _____		

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 daycare 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, 2012.

**Child must be four years old on or before September 1, 2012.

***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
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NOTE: TRANSPORTATION IS PARENTS' RESPONSIBILITY