



## Registration

### 2025-2026

*A \$50 non-refundable fee by cash or check is required at the time of application. All forms except the medical form, need to be completed and returned within 14 days. If forms are not returned within 14 days, we cannot guarantee placement. Please complete one application for each child.*

**Circle days requested:** M (am) M (pm) Tu (am) Tu (pm) W (am) W (pm) Th (am) Th (pm)

**Start date:** \_\_\_\_\_

**Child's name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City Zip Code

**Age:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_ **Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_

**Past Educational Experience:**

\_\_\_\_\_  
*(Child care or preschool)*

**Current Activities:**

\_\_\_\_\_

**Anticipated Education:** Home School \_\_\_\_\_ Public Kindergarten \_\_\_\_\_  
 Private School \_\_\_\_\_ Other: \_\_\_\_\_

### Parent/Guardian Information

<u>Mother/Guardian</u>	<u>Father/Guardian</u>
Name:	Name:
Address:	Address:
Phone number:	Phone number:
Email:	Email:
Workplace:	Workplace:
Work Address:	Work Address:
Work Phone:	Work Phone:

**Contact person preference:** \_\_\_\_\_ *Mother/Guardian* \_\_\_\_\_ *Father/Guardian*

## Siblings

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

## Helpful Information

Please describe some of the activities your child enjoys:

\_\_\_\_\_

My child communicates: In English \_\_\_\_\_ Other Language: \_\_\_\_\_

Are there any special circumstances regarding your child? No \_\_\_\_\_ Yes \_\_\_\_\_

*If yes, please explain:*

\_\_\_\_\_  
\_\_\_\_\_

Are you aware of any areas where we might give your child special encouragement? \_\_\_\_\_

\_\_\_\_\_

How did you hear about our program or who were you referred by? \_\_\_\_\_

\_\_\_\_\_

## Application Terms

I understand that the \$50 application fee due with submission of this application is non-refundable. With this application, my child will be enrolled pending placement procedures.

A signature of both parents is required on this form if both parents reside in the same household.

**Signature of Mother/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Father/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*For Office Use*

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