## **REGISTRATION FORM FOR NEW STUDENTS**

Child's Name	Birth date
Parent's Name	
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FALL	. PRESCHOOL AND FULL TIME CARE
Child's Name	
Parent's Name	
Birth Date Ag	ge Group Desired
<b>Check One:</b> Full Time (7:15-5:30)	Mornings Only (8:15-11:30) Early Morning Drop off (7:15)
Preschool:	3 year old Monday-Friday
	3 year old Monday/Wednesday/Friday
	3 year old Tuesday/ Thursday
	4 year old Monday- Friday
	4 year old Monday / Wednesday / Friday
	5 year old Monday – Friday