

**Please check one:**

- Three's Program
- Traditional Four's Program (9-12:00)
- Enrichment (9-2:30)



Date Registration Fee Received \_\_\_\_/\_\_\_\_/\_\_\_\_  
(A non-refundable \$125 fee is due at the time of registration)

**REGISTRATION INFORMATION**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent #1 \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

Parent #2 \_\_\_\_\_ Occupation \_\_\_\_\_

Place of Employment \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Do both parents live in the home? \_\_\_\_\_

If not what arrangements have been made? \_\_\_\_\_

**Siblings**

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ School and Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ School and Grade \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ School and Grade \_\_\_\_\_

Are there any others living in the home? \_\_\_\_\_

Relationship to family \_\_\_\_\_

Child's Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ If so what \_\_\_\_\_

Does your child require any medications during school hours? \_\_\_\_\_ If so please list \_\_\_\_\_

Child's previous school experience(s): \_\_\_\_\_