Preschool Registration

Please fill out the provided registration form for your child and include your \$50 non-refundable registration fee used to reserve your child's spot and to purchase supplies to begin the school year. Thank You!

PLEASE MAKE A COPY OF THIS THEN FILL IT OUT.

Child's Name:	
Parent's Name:	
Cell Phone:	Cell Phone:
Address:	
Child's Birthday: Child's Age on Se	pt 1:
Relative or friend to contact in case of an emergency:	
Allergies or Medical Concerns:	
Where my child will attend kindergarten:	
Siblings names and ages: (I enjoy knowing about your child's siblings when they talk about them at preschool.)	
Class time: Tuesda	ny/Thursday Morning 9:30-11:45 Afternoon 12:15-2:30
Tuition is due in full on the first day of class at the beginning of each month.	
emergency while my child be held liable for any inju	give my consent for Megan Whitesides to act for me in case of an d attends preschool and I agree that in no event will Megan Whitesides ries, accidents, or losses suffered by my child while participating in any ivity and that Megan Whitesides is hereby released from liability.
Parent Signature:	
Email:	