2019-2020 Registration Form

- **Your child's age as of September 1st, 2019 determines the class which he/she will be enrolled.**

Please circle class for which you are enrolling.

2 Day 2s T/TH	3 Day 2s M/W/F	3 Day 3s M/W/F	4 Day 3s M-TH	5 Day 3s M-F	4 Day 4s M-TH	5 Day 4s M-F

Child's Name: _____
First Middle Last

Nickname: _____ Sex _____

Date of Birth: _____ Age as of 9/1/19 _____

Address: _____

City: _____ Zip Code: _____

Is Your Child Potty Trained: YES NO

Mother's Name: _____Phone (_____) _____

Email address _____

Father's Name: _____Phone (_____) _____

Email address _____

Has your child previously attended a preschool? _____ Where? _____

Does your child speak/understand English? _____

If not, what language is spoken at home? _____

Does your child have any allergies? YES NO

_____

Does your child have evidence of developmental delays, speech delays, hearing loss or vision difficulties?

_____

_____ _____
Signature of parent or guardian Date