2026-2027 PRESCHOOL REGISTRATION CHOICE OF SESSION

Please indicate your **FIRST (1)** choice **of session** and **mail this paper along with the $200 fee (*payable to the Preschool*) & your Registration Form to the Director:**

Char Chmielewski
4740 Ridge Parkway
Erie, PA 16510, ***as soon as possible***. Thanks!

Regis. confirmation will be mailed to you after your paperwork has been processed.

Our Morning Session is now FULL/CLOSED & a "Waiting List" has been started; but we do have many Afternoon openings available!

1. **CHOICE OF SESSIONS**: **Please indicate a FIRST (1) choice of session!**

#a. **_N. A._** I am registering my child for the **Three-Day MORNING** session from 9:00a.m.– 11:30a.m. on M, W & F.

OR

b. _____ I would **prefer the Morning session** but since ***it is FULL***, I am registering my child for the **(3) Three-day Afternoon session 12:30 p.m. – 3:00p.m**. on **M, W, & F** but I would **also** like my child's name placed on the **Morning Waiting List**.

OR

c. _____ I would like my child to *specifically* attend the **(3) Three-Day MORNING session**, therefore, *if that session is full*, I would like to have his/her name **ONLY** placed on the **Morning Waiting List**. (My $200.00 will be refunded if my child is **NOT** enrolled at Preschool by **September**.)

OR

d. _____ I am registering my child ***specifically*** for the **(3) Three-Day AFTERNOON** session from **12:30 p.m. – 3:00p.m**. on **M, W, & F**

Parent(s)' Name(s): _____

Child's Name: _____ Phone Number_____

(As has always been the case, each class is dependent on a certain number of students. If that number is not attained, that particular class may not be offered.)

The Preschool admits students of any race, color, and national or ethnic origin.