

2023-2024 PRESCHOOL REGISTRATION CHOICE OF SESSION

Please indicate your **CHOICE of session** and **mail** this paper **along with your registration form and \$200 fee to the Director's home, as soon as possible.** Thanks! Regis. confirmation will be mailed to you after your paperwork has been processed.

1. **CHOICE OF SESSIONS: Please indicate your choice of session!**

2. **Please Note: Our Three-Day MORNING session is now FULL but a waiting list has been started. Please refer to option (b).**

a. **N.A. (FULL)** I am registering my child for the **Three-Day Morning** session from 9:00a.m.– 11:30a.m. on M, W & F.

3. **Available options include the following:**

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

OR

c. _____ I would like my child to *just specifically* attend the **(3) Three-Day Morning session**, therefore, I would like to **ONLY** have his/her name placed on the **Waiting List** for that particular session. **(My \$200 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.)

12. Names and Ages of Brothers and Sisters:

*** (Please indicate if he/she is a former student of our preschool.)***

_____	_____
_____	_____
_____	_____

13. Please inform us of any special health concerns (i.e. food or medical allergies) concerning your child:

14. Any changes in family situations (birth, death, move, separation, divorce, etc.)

15. Does your child now receive or has received services from any other agency? YES / NO
(i.e. speech therapy, physical therapy, Intermediate Unit, Shriner's, Achievement Center, etc.)

If YES, please explain the specific reason, the agency, and for what length of time: _____

16. Which Kindergarten will your child most likely attend in the future?

17. Please print your child's FIRST NAME the "exact way" that you would like him/her to learn to print it. **This is also the way it will appear on all of his/her school paperwork.******

My child's First Name: _____