

Registration Form



Child's Name: _____

Birthdate: _____ M _____ F _____ T-shirt size: _____

Address: _____

Parent/Legal Guardian's Name: _____

Address (if different from child's): _____

Contact Phone Number: _____

Does your child receive support services or have an IEP or IFSP? _____

What services does your child currently receive? _____

We will need a copy of your child's IEP/IFSP on file at school.

Allergies/Medical Concerns: _____

Are there any court orders affecting your child? _____ Yes _____ No

If yes: You must provide a copy of the court order prior to admittance.

If no: Please be aware that both parents will have equal access to child.

Parent Signature: _____ Date: _____

This completed application along with the \$75.00 Registration Fee will register your child.

Enrollment Information (Office Use Only)

Young Toddler _____ Older Toddler _____ Preschool _____ PreK _____

Half Day: 2-day AM _____ 3-day AM _____ 5-day AM _____ Lunch Bunch Days: _____

Full Days: Days _____ Drop Off Time: _____ am Pick Up Time: _____ pm

Start Date _____