

2025-2026 Registration Form

Student Name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Parent Names: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Class Selection *Preferred Days are based on roster availability

___ 3 & 4 Year-Old Preschool; Half Day Class

AM SESSION 8:30am-11:00am or PM SESSION 12:00pm-2:30pm (Circle one)

___ 2 Days ___ 3 Days ___ 4 Days ___ 5 Days _____ Preferred Days*

___ 3 & 4 Year-Old Preschool, Full Day Class 8:30am-2:30pm

___ 2 Days ___ 3 Days ___ 4 Days ___ 5 Days _____ Preferred Days*

Parent Signature: _____ Date: _____