

2021-2022 PRESCHOOL REGISTRATION CHOICE OF SESSION

Please indicate your **FIRST (1)** and **SECOND (2) CHOICE** of session and **mail** this paper **along with your registration form and \$175.00 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 a FIRST and a SECOND choice of session!**

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

****PLEASE NOTE:** Once all the Morning classes are full, a "Waiting List" will be started. (Please refer to **option "b" or "c"** listed below.)

OR

- b.** _____ I am registering my child for the **(3) Three-day Afternoon session** 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 *specifically* attend the **(3) Three-Day Morning session,** therefore, I would like to **ONLY** have his/her name placed on the **Morning Waiting List.** (My \$175.00 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**

****Five-Day Program:** **If** the Preschool is able to offer a **Five-Day Program this fall:**

- e.** _____ I would **prefer** to register my child for the **Five-Day*** program**

*****Please choose ONE of these Five-Day options (4 & 5 year olds have preference):**

1. _____ **5 (Five) Mornings** (Monday through Friday) (9:00 – 11:30)

OR

2. _____ **5 (Five) Day Split-Session** which involves:
3 Afternoons (Monday, Wednesday, Friday) (12:30 – 3:00)
AND 2 Mornings (Tuesday & Thursday) (9:00 – 11:30)

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.

12. Names and Ages of Brothers and Sisters:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

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: _____

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: _____

18. Your Email address (only to be used in emergency situations) (Any information sent to you will be an automated email. There will be NO specific email responses, replies or answers to questions sent back to you from the Preschool.) (Please print email address clearly!)

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