PINION
Early Education Center

Registration Form

Child's Name _____DOB_____

Parent's Names _____

Address _____

Email _____

Phone _____

Preschool and Pre-k (Ages 2-5)
Schedule Preferred* (circle one):

MTWTF (5 Days) T/TH (2 Days) MWF (3 Days)

Time Preferred* (circle one):

Half Day (9am – 1:00 pm) Full Day (9am – 3:00 pm)

Potty Trained? Y/N Naps? Y/N

Private Kindergarten (4.5 – 6)
Time Preferred* (circle one):

Half Day (9am- 1:00 pm) Full Day (9am – 3:00 pm)

Interest in before or after care*
Applies to preschool and private kindergarten
(circle one): Before (7:30 – 9:00) After (3:00 – 5:30) Both

Therapy
Does your child receive outside services?

Speech Therapy _____ Occupational Therapy_____ Behavioral Therapy_____

Are you interested in either of the following? If so, a therapist will contact you.

Occupational Therapy_____ Speech Therapy _____

A $225 registration/supply fee is due yearly to reserve a space for your child.
**Circling a preferred day, time and before and after care DOES NOT guarantee a space.*