



Application Form

Child's Name _____ DOB _____

Parent's Names _____

Address _____

Email _____

Phone _____

\$25 Application fee due with this form

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 – 12:30 pm)

Full Day (9am – 3:00 pm)

Potty Trained? Y/N Naps? Y/N

Private Kindergarten (5 – 6)

Time Preferred* (circle one):

Half Day (9am- 12:30 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 \$250 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.*