

Registration Form

Welcome to the Children's Museum Preschool! We are so happy that you have chosen our school to begin your child's educational journey.

Please complete this portion and return with your \$100 non-refundable registration fee to hold a preschool placement for your child. Please print.

Child's Name _____

Age 2 3 4 5 **Date of Birth** _____

With whom does the child live? _____

Parent Name _____

Home Address _____

Work Address _____

Phone (home) _____ **(cell)** _____

(work) _____

Parent Name _____

Address (if different) _____

Work Address _____

Phone (home) _____ **(cell)** _____

(work) _____

Child will attend school which days? Please circle.

M **T** **W** **Th** **F**

Start date _____

Will your child continue through July & August? Please circle YES NO

Please choose one: _____ **Part-time Preschool AM (9am – 12pm)**

 _____ **Full-time Preschool** _____ **am -** _____ **pm**

Parent Signature

Date

Preferred Email Address