



2026- 2027 REGISTRATION FORM

CHILD'S NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

Dad/Mom NAME: _____ EMAIL: _____ PHONE: _____

Dad/Mom NAME: _____ EMAIL: _____ PHONE: _____

SIGNATURE: _____ DATE: _____

Selection: Please check (X) your selection in each of the boxes below:

CLASS

NOTE: Class placement is based on the child's age on October 1st.

5, 3, 2 Day Options: Pre K-Prep PRE K-3

5 Days only: Pre K-4

PROGRAM

NOTE: Please indicate first and second choice by (1) & (2)

Extended Day: Please indicate estimated drop off & pick up time : _____ to _____
Between the hours of 7:00 a.m. and 5:30 p.m. (Extended Care Calendar)

Full Day: Please indicate estimated drop off & pick up time : _____ to _____
Between the hours of 7:00 a.m. and 3:45 p.m. (Extended Care Calendar)

School Day:
Between the hours of 9:00 a.m. and 3:45 p.m. (School/Half Day Calendar)

Half School Day:
Between the hours of 9:00 a.m. and 12:00 p.m. (School/Half Day Calendar)

DAYS

NOTE: Please indicate first and second choice by (1) & (2)

5 Days: Monday through Friday (Mandatory for Pre K-4)

3 Days: * 3 days are subject to availability - see office for openings.

2 Days: * 2 days are subject to availability - see office for openings.

*Indicate the days requesting: _____

Please note that days requested need to be approved by the office