

REQUEST FOR CLASS ASSIGNMENT FOR 2018/2019 SCHOOL YEAR

Name of student: _____

Name student goes by (i.e., Jennifer/Jen): _____

Name you want your child to visually identify and learn to write: _____

Birth date: _____

Address: _____

Phone: _____ Alternate phone: _____

Name of parent(s)/guardian(s): _____

PLEASE CHECK APPROPRIATE CLASS FOR YOUR CHILD'S AGE:

2's Class – Designed for students who have turned 2 by August 1.

_____ Tuesday/Thursday 9:00 a.m.-11:30 a.m.

3's and 4's Class – Designed for students who have turned 3 by August 1, and will be attending preschool for at least one more year.

_____ Monday/Wednesday/Friday 9:00 a.m.-11:30 a.m.

PreK Class – Designed for students who have turned 4 by August 1, and will attend Kindergarten the following year.

_____ Morning Class - Monday through Friday 9:00 a.m. - 11:30 a.m.

Afternoon Enrichment – Designed for 3, 4, and 5-year-old students as an extension of morning preschool to provide enrichment opportunities and tutorial instruction through individualized and center-based experiences.

_____ Monday/Wednesday/Friday 11:30 a.m. – 1:45 p.m.

I understand that the registration fee I am paying in the amount of \$65 is non-refundable and non-applicable.

Signed _____ Date _____

Office Use

Registration Fee: Check# _____ Amount _____ Cash _____ Date application received: _____