Please print and complete									
Child's Full Name									
Gender Male/Female									
Birth Date		Age							
Other siblings being enro									
Known Allergies		•							
Home Address									
City									
•			-						
Contact Email									
Mother/Legal Guardian _									
Home Address									
City		_State	Zip Code		-				
Mother's Contact info hn	n#	ce	II#		email				
Father/Legal Guardian _									
Home Address (if differe	nt)								
City	S	tate	Zip Code						
Father's Contact info hm			-		email				
		1 st PROG	RAM CHOICE			2 nd PR	OGRAM	I CHOI	CE
Playschool		NA /\A/	T/TH			NA /\A/		T/T !!	
(2 yrs old by 9/1) Preschool		<u>M/W</u>	<u>T/TH</u>			<u>M/W</u>		<u>T/TH</u>	
(3 yrs old by 10/1)		M/W/F	T/TH			M/W/E		T/TH	
AFTERNOON Preschoo	ol	,,-	.,,			,,-		.,	
(3 yrs old by 10/1)		T/W/TH				T/W/TI	1		
Pre-Kindergarten									
(4 yrs old by 10/1)	_	M/W/F	<u>T/TH</u>	<u>M-TH</u>		M/W/F		<u>T/TH</u>	<u>M-TH</u>
AFTERNOON Pre-Kind (4 yrs old by 10/1)	ergarten	м т⊔				M-TH			
Jr. Kindergarten		<u>M-TH</u>				141-111			
(5 yrs old by 11/15)		M-TH				M-TH			
AFTERNOON Jr. Kinde	rgarten	<u></u>							
(5 yrs old by 11/15)	_	M-TH				M-TH			
TUITION: PLAYSCHOOL 2 DAYS 3 DAYS 4 DAYS	\$215 \$192 \$288 \$384	N	ON-REFUNDABI	LE REGISTR	ATION FE	ΞS	\$100 \$125		CHOOL/ CHOOL/
MORNIN	G SESSION	8:45am - 1	1:45am	AFTERNOO	N SESSIC	N 12:1	5pm -	3:15pn	1
*To ensure enrollment for							-	-	
Subsequent tuition payn	nents will he	due the 1st o	of the month. S	entember -	April	(Ple	ease inii	tial)	

ehills preschool registration/program choice form

For Office Use Only: cash check card (ck#_