

South Table Mountain PRESCHOOL

PRE-REGISTRATION FOR FALL ENROLLMENT

I hereby apply for enrollment of my child to South Table Mountain Preschool for the coming school year.

Child's **Full** Name: _____

Address: _____ City _____ Zip _____

Birth date: _____ Age: ____ Sex: M ____ F ____

Mother's Name: _____

Father's Name: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

Preferred Schedule:

Days: (M, W, F) _____ (T, TH) _____ (M – F) _____ (other) _____

Program: Preschool _____ Pre-K _____

Time: (AM) _____ (Lunch Bunch) _____ (Full Day) _____

Today's Date _____ School Year _____

Parent Signature _____

The \$100.00 registration fee is due at the time of registration and is non-refundable.

This fee insures your child's space in our preschool for the upcoming year.

Please do not write below this line

Director Signature _____

Registration Fee (\$100.00) received on: _____ Check # _____