



OFFICE USE ONLY

CLASS: _____

DAYS: M, T, TH, F

CHECK # _____

DATE: _____

TOUR: _____

WAITLIST: _____

Registration 2019-2020 School Year

Child's Name _____

Child's Birth Date _____ Boy _____ Girl _____

Mother _____ Father _____

Address _____ City/Zip _____

Mother Cell: _____ Father Cell: _____

Primary Email Address _____

Please print clearly

Choice of Classes (1 form per enrolled student)

Class	Age	Days	Monthly Tuition	Choose Your Class ✓
Bouncy Bunny	20-29 months	2-day program M/T/TH	\$360.00	<input type="checkbox"/>
Mighty Monkeys	2 ½ years old	2-day program M/T/Th	\$360.00	<input type="checkbox"/>
Busy Bears Terrific Tigers	3 to 3 ½ years	3-day program M/T/TH/F	\$395.00	<input type="checkbox"/>
<u>Pre-K Classes:</u> Happy Hippo Eager Elephants Loving Lions	4 to 5 ½ years	4-day program M/T/TH/F (Mandatory 4 day)	\$442.00	<input type="checkbox"/>
Registration Fee	New Families	<input type="checkbox"/> \$200 first child	<input type="checkbox"/> \$95 each sibling	
Registration Fee	Current Families	<input type="checkbox"/> \$180 first child	<input type="checkbox"/> \$85 each sibling	

- Enrollment in our program is determined by the child's age on or before August 31, 2019
- Program Hours: 9:30 am to 1:00 pm
- Bears, Tigers, and Pre-K students must be toilet trained
- All classes are gender balanced to the best of our abilities
- Choice of days are not guaranteed

Day Preferences - please rank by placing #1, #2, #3 etc. next to your school day preferences:

Bunny: Mon/Thu___ Mon/Tue___ Tue/Thu___
Monkey: Mon/Thu___ Mon/Tue___ Tue/Thu___
Bear/Tiger: Mon/Tue/Thu___ Mon/Tue/Fri___ Tues/Thu/Fri___ Mon/Thu/Fri___

Allergy Information:

My child has allergy concerns. I understand there will be additional forms to complete detailing all the appropriate information. Please briefly describe your child's situation. Please circle if medicine may need to be administered at preschool in case of a reaction: **YES NO**

Special Services Information:

My child receives Special services (ie. speech therapy, occupational therapy, physical therapy). I understand there will be additional forms to complete detailing the appropriate information. Briefly describe your child's situation. Parent/school (*Childfind*)/agency meetings (*Kindering, Encompass, Stepping Stones, etc.*) may be required prior to the beginning of school.

How did you hear about our Preschool Program? Facebook Friend Website Current/Alumni

Community Preschool Fair Referral: Who can we thank? _____

What is the main language you speak in your household?

- | | | | |
|----------------------------------|----------------------------------|-------------------------------------|---------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Chinese | <input type="checkbox"/> Japanese | <input type="checkbox"/> French |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Korean | <input type="checkbox"/> Other_____ | <input type="checkbox"/> German |

Please Read and Sign:

I understand that In The Beginning Preschool's registration fee and first (September 2019) and last (June 2020) month's tuition are **non-refundable**.

Parent Signature: _____

Date _____