

SHORESH PRESCHOOL REGISTRATION 2019-2020

Please complete this form and return it with your \$250 non-refundable registration fee.

Child's Name: _____

Date of Birth: _____

Parent's Name: _____

Parent's Name: _____

Occupation: _____

Occupation: _____

Cell Phone: _____

Cell Phone: _____

Business phone: _____

Business phone: _____

E-mail: _____

E-mail: _____

Home address: _____

Town/Zip code: _____

Primary Phone: _____

Primary E-mail: _____

How did you hear about us? _____

Class choice (circle one):

2s T/Th 9 am-1 pm

2s T/Th 9 am-3 pm

2s M/W/F 9 am-1 pm

2s M/W/F 9 am-3 pm

2s M-F 9 am-1 pm

2s M-F 9 am-3 pm

3s M/W/F 9 am-1 pm

3s M/W/F 9 am-3 pm

3s M-F 9 am-1 pm

3s M-F 9 am-3 pm

4s M-F 9 am-3 pm

Breakfast Club? ___ no ___ yes, M-F ___ yes, on these days: M T W Th F (circle)

Extended Care? ___ no ___ yes, M-F ___ yes, on these days: M T W Th F (circle)

- **Note:** you may use our "drop-in" feature for specific days for \$18/day for either early or extended care.

Siblings:

Name: _____ Date of Birth: _____ Age _____

Name: _____ Date of Birth: _____ Age _____

Please tell us anything else that you'd like us to know about your child, such as special interests and affinities, strengths/weaknesses, medical/health concerns, major life changes, etc.:
