



A Child's Garden Preschool Registration Form 2018-19

Office use only ___Returning ___New
 Registration Fee _____ Date Received _____
 Date Enrolled _____ Date Disenrolled _____
 Age group assigned _____ Class teacher _____

The information on these pages is required to be on record for all children attending ACG in order to comply with NAEYC Accreditation Standards

Child's Name _____ Prefers to be called _____
 Child's Birth Date _____ Child's Age _____ Sex _____
 Address _____ City _____ State _____ Zip _____
 Email Address/Name: _____
 Email Address/Name: _____
 Name/Cell # _____ Name/Cell # _____
 Siblings (ages) _____

Parent/Guardian #1 _____ Occupation _____
 Place of Employment _____ Business Phone _____
 Business Address _____

Parent/Guardian #2 _____ Occupation _____
 Place of Employment _____ Business Phone _____
 Business Address _____

Preferred Schedule: 5 Day _____ 3 Day M, W, F _____ 2 Day T, TH _____

Time options: 9:00-1:00 _____ 9:00-3:00 _____ 7:30-5:30 _____

There will be no exceptions to the schedules due to curriculum expectations.

My child can be released to (Name & Phone #):

	Ph#
	Ph#
	Ph#
	Ph#
	Ph#

I _____ verify that all above information is correct and will notify the office promptly if it changes.

SignatureDate