



## A Child's Garden Preschool Registration Form 2017-18

**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(es) \_\_\_\_\_  
 Cell # \_\_\_\_\_ 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.

\_\_\_\_\_

Signature Date