



A Child's Garden Preschool Registration Form 2020-21

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

Please complete **ALL** sections on this page which is required to comply with NAEYC Accreditation Standards.

Child's Name _____ Prefers to be called _____

Child's Birth Date _____ Child's Age _____ Sex _____

Siblings (ages) _____

Parent/Guardian #1

Name/Home Address _____

City _____ State _____ Zip _____ Cell # _____

Email Address: _____

Occupation _____

Place of Employment _____ Business Phone _____

Business Address _____

Parent/Guardian #2

Name/Home Address _____

City _____ State _____ Zip _____ Cell # _____

Email Address: _____

Occupation _____

Place of Employment _____ Business Phone _____

Business Address _____

Please select registered schedule below:

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

Time Options: 9:00-1:00 _____ 9:00-3:00 _____ 8:30-4:30 _____ 7:30-5:30 _____

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

Other than Parent(s)/Guardian(s) listed above, my child can be released to (Name, Relationship & 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