

SHORESH PRESCHOOL REGISTRATION 2016-17

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

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Name: _____

Occupation: _____ Occupation: _____

Business phone: _____ Business phone: _____

Cell Phone: _____ Cell Phone: _____

Home address: _____ Town/Zip code: _____

Primary Phone: _____ E-mail: _____

Class choice (circle one):

12:30 pick-up: 2's M/W/F 2's T/Th

12:30 pick-up: 3's M/W/F 3's M/W/F + 1 day 3's M-F

2:45 pick-up: 3's M/W/F 3's M/W/F + 1 day 3's M-F

2:45 pick-up: 4's M-F

Siblings:

Name: _____ Date of Birth: _____ Age _____

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: _____
