

# SHORESH PRESCHOOL REGISTRATION 2018-19

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):

1:00 pick-up: 2's M/W/F 2's T/Th 2's M-F

1:00 pick-up: 3's M/W/F 3's M/W/F + 1 day 3's M-F

3:00 pick-up: 3's M/W/F 3's M/W/F + 1 day 3's M-F

3:00 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_