



SHORESH PRESCHOOL REGISTRATION 2020-2021

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

Child's Name: _____ Date of Birth: _____

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

Occupation: _____ Occupation: _____

Cell Phone: _____ Cell Phone: _____

Business phone: _____ Business phone: _____

E-mail: _____ E-mail: _____

Home address: _____ Town/Zip code: _____

Preferred phone: _____

How did you hear about us? _____

Class choice:

- | | | | | | |
|-----------------------------|--------------|------------------|-----------------------------|--------------|------------------|
| <input type="checkbox"/> 2s | T/Th | 9 am-1 pm | <input type="checkbox"/> 2s | T/Th | 9 am-3 pm |
| <input type="checkbox"/> 2s | M/W/F | 9 am-1 pm | <input type="checkbox"/> 2s | M/W/F | 9 am-3 pm |
| <input type="checkbox"/> 2s | M-F | 9 am-1 pm | <input type="checkbox"/> 2s | M-F | 9 am-3 pm |
| <input type="checkbox"/> 3s | M/W/F | 9 am-1 pm | <input type="checkbox"/> 3s | M/W/F | 9 am-3 pm |
| <input type="checkbox"/> 3s | M-F | 9 am-1 pm | <input type="checkbox"/> 3s | M-F | 9 am-3 pm |
| <input type="checkbox"/> 4s | M-F | 9 am-3 pm | | | |

Extended Care

(3 - 6 pm; 4 pm on Fridays)

___ no ___ yes, M-F ___ yes, M T W Th F (circle choice)

Additional Enrichments

(1 - 3 pm)

___ no ___ yes, M T W Th F (circle choice)

Siblings:

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, such as special interests and affinities, strengths/weaknesses, medical/health concerns, major life changes, etc.:
