



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

**Breakfast Club\*** \_\_\_\_\_ no \_\_\_\_\_ yes, M-F \_\_\_\_\_ yes, M T W Th F (circle choice)  
(7:30 - 9 am)

**Extended Care\*** \_\_\_\_\_ no \_\_\_\_\_ yes, M-F \_\_\_\_\_ yes, M T W Th F (circle choice)  
(3 - 6 pm; 4 pm on Fridays)

**Additional Enrichments** \_\_\_\_\_ no \_\_\_\_\_ yes, M T W Th F (circle choice)  
(1 - 3 pm)

### 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.:

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\*Drop-ins available for both breakfast club and extended care for an additional cost.