



SHORESH PRESCHOOL REGISTRATION 2021-2022

Complete this form and return it to Shoresh Preschool.

A \$250 non-refundable registration fee is due at time of registration.

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: _____

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 | | | |

Breakfast Club (availability TBD)

(7:30am to 9:00am) ___ no ___ yes, M-F ___ yes, M T W Th F (circle choice)

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

(3:00pm-6:00 pm; 4 pm on Fridays)

ANY ALLERGIES? Please list:

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.:

Siblings:

Name: _____ Date of Birth: _____ Age _____

Name: _____ Date of Birth: _____ Age _____

For Administrative Purposes Only:

Date Dep Rec'd: _____ Reg. Billed: _____ T.A. Signed: _____ Return Student: _____ Early Reg: _____