Supply Fee \$_____ Birth Certificate _____ Shot record _____ Lead Testing _____ Policy Acknow__ Biting Policy _____

Reg. Fee \$ _____

Two Year Old Registration for 2018-2019

(Children MUST be Two Years Old by August 31st)

Potty Policy _____ (FOR OFFICE USE ONLY)

<u>A non-refund</u>	dable Registration Fee of \$150.0	0 must accompany this form.		
Name of Child		Sex (M/F)		
Last	First	Middle		
ome Address				
Street	City	State	Zip Code	
ate of Birth Family E	Email Address	Home Phone _		
ther's Name	Wo	rk Phone		
ther's Place of Work	Cell	Phone		
other's Name	Wo	rk Phone		
other's Place of Work	Cell	Phone		
ames & Ages of Siblings				
dicate Any Allergies or Health Problen	ns			
ild's Doctor		Doctor's Phone		
nergency Contact		Phone		
THER THAN PARENTS) NAME	RELATIONSH	IP		
Supply F	ee: \$175.00 (one-time fee) mus	t be paid by May 31st		
	Please circle your class pre	ference.		
Tue./Thurs. (2 day group)) Mon/Wed/Fri (3 day g	roup) MonFri. (5 day g	roup)	
9:00 – 11:30 a.m.	9:00 – 11:30 a.m.	9:00 – 11:30 a.m.	9:00 - 11:30 a.m. Tuition: \$470.00 per month	
Tuition: \$310.00 per mont	th Tuition: \$360.00 per m	onth Tultion: \$470.00 p	er month	
oto release (initial your choice): My chil		allway or the web site		
My child	OR 's photo may <u>NOT</u> be used in the	hallway or the web site		
I agree to pay the monthly tuition and a	any extra care costs that my chil	d has accrued while enrolled i	n Corkran Preschool	
	w must be given to the Office in			

Notification of withdraw must be given to the Office in WRITING THIRTY DAYS in advance.

rev.2/18 Parent's Signature:

Reg. Fee \$
Supply Fee \$
Birth Certificate
Shot record
Lead Testing
Policy Acknow
Biting Policy
Potty Policy

Three Year Old Registration for 2018-2019

(Children MUST be Three Years Old by August 31st)

(FOR OFFICE USE ONLY)

A non-refundable Registration Fee of \$150.00 must accompany this form.

Name of Child			Sex (M/F)
Last	First	Middle	
Home Address		41-41-41	
Street	City	State	Zip Code
Date of Birth Family Email A	ddress	Home Phone	·i a
Father's Name	W	ork Phone	
Father's Place of Work	Ce	ell Phone	
Mother's Name	W	ork Phone	
Nother's Place of Work	Ce	ell Phone	
lames & Ages of Siblings			
ndicate Any Allergies or Health Problems			
hild's Doctor		Doctor's Phone	
mergency Contact		Phone	
OTHER THAN PARENTS) NAME	RELATIONS	SHIP	
Supply Fee: \$17	75.00 (one-time fee)mi	ust be paid by May 31 st	
Ple	ease circle your class p	reference.	
Mon/Wed/Fri (3 day gro		nFri. (5 day group)	
9:00 – 11:30 a.m. Tuition: \$360.00 per mo		0 – 11:30 a.m. tion: \$ 470.00 per month	
		9	
noto release (initial your choice): My child's phot		allway or the web site	-
	OR o may NOT be used in th		

I agree to pay the monthly tuition and any extra care costs that my child has accrued while enrolled in Corkran Preschool.

Notification of withdraw must be given to the Office in WRITING THIRTY DAYS in advance.

Parent's Signature: ______ rev.2/18

Four Year Old Registration for 2018-2019

(Children MUST be Four Years Old by August 31st)

Reg. Fee \$	
Supply Fee \$_	
Birth Certifica	te
Shot record	
	v
Biting Policy _	
Potty Policy _	FICE LISE ONLY)

A non-refundable Registration Fee of \$150.00 must accompany this form.

Name of Child			Sex (M/F)
Last	First	Middle	
Home AddressStreet	City	State	Zip Code
Street	City	State	Zip code
Date of Birth Fami	ly Email Address	Home Phone	
Father's Name	W	/ork Phone	
Father's Place of Work	Co	ell Phone	
Mother's Name	w	ork Phone	
Mother's Place of Work	Ce	ell Phone	
Names & Ages of Siblings			
Indicate Any Allergies or Health Prob	lems		
Child's Doctor		Doctor's Phone	
Emergency Contact(OTHER THAN PARENTS) NAME	RELATIONS	Phone SHIP	
)	
Supply & Bo	ook Fee: \$200.00 (one-time fee	e) must be paid by May 31".	
Mon. – Fri. (5 day gr	oup) 9:00 – 1:00 p.m. Tu	ition: \$510.00 per month	
Photo release (initial your choice): N	My child's photo MAY BE used i	in the hallway or the web site	
. ,	OR		
My	child's photo may <u>NOT</u> be usea	in the hallway or the web site	2
I agree to pay the monthly tuitio	n and any extra care costs tha	t my child has accrued while	enrolled in Corkran
	Preschool.		

Notification of withdraw must be given to the Office in WRITING THIRTY DAYS in advance.

Parent's Signature:	rev.2/18

Reg. Fee \$	
Supply Fee \$	
Birth Certificate	
Shot record	
Lead Testing	
Policy Acknow	
Biting Policy	
Potty Policy	

Kindergarten Year Old Registration for 2018-2019

(Children MUST be Five Years Old by August 31st)

(FOR OFFICE USE ONLY)

A non-refundable Registration Fee of \$150.00 must accompany this form.

Name of Child		9	Sex (M/F)
Last	First	Middle	
Home Address			
Street	City	State	Zip Code
Date of Birth Family	Email Address	Home Phone _	
Father's Name		Work Phone	
Father's Place of Work		Cell Phone	
Mother's Name		Work Phone	
Mother's Place of Work		Cell Phone	
Names & Ages of Siblings			
Indicate Any Allergies or Health Proble	ems		
Child's Doctor		Doctor's Phone	
Emergency Contact			
OTHER THAN PARENTS) NAME	RELATIO	DNSHIP	
	Tuition: \$535.00 p	oor manth	
Supply & Boo		fee) must be paid by May 31st.	
The Kindergarten class	s will meet Monday throu	gh Friday from 9:00 a.m. until 2:	00 p.m.
hoto release (initial your choice): My chi	ild's nhoto MAV RF used in th	e hallway or the weh site	
		OR	
My chil	d's photo may <u>NOT</u> be used i	n the hallway or the web site	
I agree to pay the monthly tuition and		y child has accrued while enrolled in ce in WRITING THIRTY DAYS in adva	
NOTIFICATION OF WITHOR	aw must be given to the Offi	ce iii wkiiiing inikii DATS in adva	ince.
arent's Signature:			rev.2/