

**MAIN STREET PRESCHOOL
2022-2023 REGISTRATION FORM**

Child's Full Name _____ **Male or Female**
Last First Middle (Circle One)

Home Address _____ Birth Date _____

_____ Home Phone# _____

Mother's Full Name _____ **Custodial Parent Y or N**

Mother's Home Address _____ Cell Phone# _____

Place of Employment _____ Work Phone# _____

Email Address _____

Father's Full Name _____ **Custodial Parent Y or N**

Father's Home Address _____ Cell Phone# _____

Place of Employment _____ Work Phone# _____

Email Address _____

Name and ages of siblings _____

List all previous childcare/education experiences for your child:

List all allergies (food/medication), special needs, and/or medical conditions that your child may have:

Terms your child uses for toileting _____

The best way to comfort your child _____

I understand that I must remit a registration fee of \$50.00 in order to enroll my child at Main Street Preschool and that registration is non-refundable.

Signed _____ **Date** _____

Desired Class (circle one):

2 YEAR OLD (3 days/ week)
Tuesday/Wednesday/Thursday

4 YEAR OLD (4 days/week)
Monday - Thursday

3 YEAR OLD (3 days/week)
Tuesday/Wednesday/Thursday

4 YEAR OLD (5 days/week)
Monday - Friday

Office Use: **Registration Fee:** _____ **Date Paid** _____ **Amount** _____ **Check#** _____ **Or other** _____