

**MAIN STREET PRESCHOOL**  
**2025-2026 REGISTRATION FORM**

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

Preferred Name \_\_\_\_\_

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 \$75.00 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 \_\_\_\_\_