

**JUDSON PRESCHOOL REGISTRATION FORM
FOR THE TUESDAY, WEDNESDAY & THURSDAY
2020-2021 SCHOOL YEAR**

Child's name:

Name to be called at preschool:

Male _____ Female _____

Child's birth date: _____

Child's age as of Sept. 1, 2020: _____ years _____ months
Per our license children have to be 2 years 9 months to attend.

Parent's name:

Address with zip code:

Best phone numbers to reach you at:

Email: Please list all email addresses you would like your school to family communication to go to.

I would like to enroll my child in one of the following classes at Judson Preschool:

_____ Morning class (9:00-11:45) Tues., Wed. & Thurs.

_____ Afternoon (12:45 to 3:15) Tues., Wed. & Thurs.

_____ If the session I have chosen is filled, please enroll my child in the other session and put my name on the waiting list for my first choice.

_____ If the session I have chosen is filled; please put my name on the waiting list for the session I have chosen.

Please include a \$100 check for the non-refundable registration fee per child with this registration form. Thank-you for your interest in our great preschool!

_____ *My child currently receives ECSE services or has an IEP*

