

# **Pre-Kindergarten Registration**

**2019-2020**

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

## ***Check Program & Schedule desired:***

\_\_\_\_\_ Full day 8:35 a.m. to 2:50 p.m. # of days per week \_\_\_\_\_

If less than 5 days, which days of the week work for your families' schedule.

*Please CIRCLE THOSE DAYS*

Monday    Tuesday    Wednesday    Thursday    Friday

\_\_\_\_\_ Half day 8:35 a.m. to 11:35 a.m. # of days per week \_\_\_\_\_

If less than 5 days, which days of the week work for your families' schedule.

*Please CIRCLE THOSE DAYS*

Monday    Tuesday    Wednesday    Thursday    Friday

## ***Extended Day***

\_\_\_\_\_ Morning care begins at 7:00 a.m.

\_\_\_\_\_ Afternoon care ends at 6:00 p.m.