Student Registration Form 2026/27

Child's Name:_____

Date of Birth:_____ Age: _____

Child's Name:_____

Date of Birth:_____ Age: _____

Contact Info. Updates: (Please list any updates to your phone, email or address.)

_____

_____

Enrollment Selection

Please indicate your desired days and times. Before Care and After Care are only available on your child's scheduled day. We will do our best to accommodate you and your child.

Toddler (18 months to 2 years)

PLUS

	Mon.	Tues.	Wed.	Thurs.	Fri.
9:00 – 2:30 p.m.					
Before Care (7:30 – 9:00 a.m.)					
Early After Care (2:30 – 4:00 p.m.)					
Late After Care (4:00 – 5:30 p.m.)					

Preschool (3 to 4 years)

PLUS

	Mon.	Tues.	Wed.	Thurs	Fri.
9:00 – 2:30 p.m.					
Before Care (7:30 – 9:00 a.m.)					
Early After Care (2:30 – 4:00 p.m.)					
Full Day After Care (4:00 – 5:30 p.m.)					

Pre-K (4 to 5 years)

5 Days (M-F 9:00-2:30) ☐

	Mon	Tue	Wed	Thurs	Fri.
Before Care (7:30 – 9:00 a.m.)					
Early After Care (2:30 – 4:00 p.m.)					
Full Day After Care (2:30 – 5:30 p.m.)					

3 Days (M/W/F 9:00 – 2:30) ☐

	Mon	Tues	Wed
Before Care (7:30 – 9:00 a.m.)			
Early After Care (2:30 – 4:00 p.m.)			
Full Day After Care (2:30 – 5:30 p.m.)			

Student Information

Name:_____

Is your child currently receiving any special professional services, such as speech therapy, physical therapy, psychological services, family counseling, etc.:

_____

Allergies
Does you child have any known allergies: _____

Family

Mother/Guardian Name_____ Occupation:_____

Email: _____ Phone: _____

Best Form of Contact: Email Phone

Father/Guardian Name:_____ Occupation: _____

Email: _____ Phone: _____

Best Form of Contact: Email Phone

Religious Affiliation & Church :_____

Parent's Marital Status: _____

If parents are divorced or separated, with whom does the child live?_____

_____

Name, and Age of Other Children in the Family:

_____

Sleeping

What time does he/she go to bed at night?_____ Get up in the morning?_____

Does he/she take a daytime nap or rest?_____ If yes, for how long?_____

Speech
Does he/she speak plainly so that others can understand him/her?_____

Is English his/her primary language? _____

If no, give primary language _____

Are any other languages, other than English, spoken in the home?_____

Toilet Habits (For Preschool student or students who need accommodations in this area.)
Is your child toilet trained? _____
When your child has to use the toilet, what term does he/she use?_____

Additional Comments or Concerns:_____

_____

_____