PEANUT PATCH PRESCHOOL REGISTRATION FORM (2020-2021)

CHILD'S FULL NAME:		DOB:	// SEX: M/F
PARENTS:			
ADDRESS:	C	CITY:	, MIZIP:
EMAIL:			
Mom CELL ()	Dad CELL ()	Home PH	ONE ()
NAME YOU WANT YOUR CHI	LD TO LEARN TO WRITE: _		
SIBLINGS & BIRTHDATES:			
Teacher your child had 2019-20 CUT OFF FOR ALL classes PARENT/TOT CLASSES: 9	is November 1 **ag	ge waiver may appl	ly **
3 YR PRESCHOOL CLAS (12 students / 6:1 ratio) 3 AM T-TH (9:15-11:45) 3 PM T-TH (12:15-2:45) 3 AM EXT T-TH (9:30-1:0) 3 PM EXT T-TH (11:15-2:4 PLUS Program: 12-3pm Wednesday	(14 st 4 A) 4 P/ 0) 4 A 45) 4 P/ PLU	PRESCHOOL CLASS rudents / 7:1 ratio) M M-W-F (9:15-11:45 M M-W-F (12:15-2:45 M EXT M-W-F (9:30-1:3 M EXT M-W-F (10:45-2: IS Program: 12-3pm sday	5)) 50)
YOUNG 5's CLASS: 5 Y	EAR OLD MONDAY -	THURSDAY (9:45 - 2	2:30)
<u>OPTIONAL:</u> We realize separated from a specia		ter in the classroo	m when placed with o
We will <u>try</u> to accommod	late requests. I prefe	r my child with	
I understand that I am respo I understand a portion of m		n fee is NOT refundable. ** or 2020-2021 and I have s school will NOT be refund lowing dates:	signed a financial contract. led if I withdraw from the
_	Signature	D	Date
	yable to: Peanut Patch , 31		
STATUS: Current Alumni REGISTRATION FEE: Circ 1ST TUITION PAYMENT: Circ OTHER: Withdraw: Refund (i	New cle: CASH or CHECK# cle: CASH or CHECK#	DATE RECEIV WELCOME: _ DATABASE: _	ED: