

East Columbia Preschool - Registration Form 2023-2024

Child's Name _____ Date of Registration _____
First Middle Last

Child's Name for Classroom Use _____ Birthdate _____ Gender _____

Address _____
Street City State Zip

Parent's Name _____ Cell _____

Email Address _____ Phone _____

Parent's Name _____ Cell _____

Email Address _____ Phone _____

Are there custody issues of which we should be aware? **Yes No**

List any known allergies _____

Will your child need medication at school? **Yes No**

Any special needs or concerns you would like to share?

What is the primary language spoken at home? _____

Is your family New or Returning to ECP? **New Returning**

How did you hear about ECP?

Class Preference: Please select your class preference below and check the box to indicate your interest in the optional Lunch Bunch add on (Lunch Bunch sign-up to follow, for information purposes only: indicating interest in Lunch Bunch does not guarantee a spot)

_____ **Morning 3s** Tu/W/Th 9:00 - 12:00 *Age 3 by 12/31/23*

I am interested in learning more about the Morning 3s Lunch Bunch Add-on Tu/Th 12-12:50

_____ **Morning 4s** M/W/F 9:00 - 12:00 *Age 4 by 12/31/23*

I am interested in learning more about the Morning 4s Lunch Bunch Add-on M/W/F 12-12:50

_____ **Afternoon 4s** M/Tu/W/Th 1:00 - 4:00 *Age 4 by 12/31/23*

I am interested in learning more about the Afternoon 4s Lunch Bunch Add-on M/Tu/W/Th 12:10-1

East Columbia Preschool shall admit children without regard to race, color, creed, gender, or national origin and shall hire teaching staff according to professional qualifications and without regard to race, color, creed, gender, or national origin.

I have read the Membership Information Agreement and understand that if I do not comply with these regulations my membership is subject to termination.

Signature _____ Date _____

Internal use only
Registration Processed by _____
Family Status (circle): Returning Alum New

____ Membership Agreement
____ Proof of Age
____ Registration Fee

____ Vehicle Registration
____ Auto Insurance