East Columbia Preschool - Registration Form 2024-2025

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 - 11:45   *Age 3 by 12/31/24*

         ☐ I am interested in learning more about the Morning 3s Lunch Bunch Add-on Tu/Th 11:45-12:30

_____**Morning 4s**   M/W/F   9:00 - 11:45   *Age 4 by 12/31/24*

         ☐ I am interested in learning more about the Morning 4s Lunch Bunch Add-on M/W/F 11:45-12:30

_____**Afternoon 4s**   M/Tu/W/Th   12:30 - 3:15   *Age 4 by 12/31/24*

         ☐ I am interested in learning more about the Afternoon 4s Lunch Bunch Add-on M/Tu/W/Th 11:45-12:30

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 _____