Woodhome Preschool

Registration Form

Registration/Supply Fee:				
Cash Check Other				
Revised 3/2022				



Fírst Name:	Míddle:		Last:
Níckname:		7 Male [Female
Bírthdate://	_		
Address:	-		
		1	
<u>Program Selection (Chec</u>	ik all chac apply	1	
5 Day 4's Morning Prescho	• •	0	9
о з Day з's Morning Prescho		•	9
•			om-3:30pm Monday-Friday
9 ·		·	om-3:30pm Monday, Wednesday, Friday
 2 Day 2's Morning Prescho 	• •	0	d Thursday
o I have an interest in After C		enow more.	
o I would like to utilize Befor	e Care from 8am-9am:		
o Occasionally			
o Consistently on the	following days (circle	0	
Monday		Thursday	
Tuesday		Friday	
Wednesday			
Parent/Guardían Inforn	<u>ration</u>		
Parent/Guardían:	Relationship to child:		
Address:			
Employer:			
, ,			Address:
Parent/Guardían:		Relati	ionship to child:
Address:			
Employer:			
Phone Numbers: (w)	(c)	Emaíl	Address:
Fee and Signature			
•			

Parent/Guardían Signature: _______ Date: _____