## **Columbia Heights Preschool**

## **REGISTRATION FORM**



COLUMBIA HEIGHTS		*Below dates are to be completed by Administrator*  Date Form Rec'd		
PRESCHOO	L	Date Pymt Rec'd		
***********	***********	***********	*******	
Child's Name	Male/Female			
Child's Address	City/Zip			
Birth Date	*Must be 3 years old by Sept. 30 <sup>th</sup> of enrollment year*			
Preferred Language	Und	lerstands English Language	Yes No	
Parent/Guardian's Name		200		
Email	Phone			
Parent's Address (N/A if same)				
City	Zip Prefe	rred Language		
Parent/Guardian's Name				
Email	Phone			
Parent's Address (N/A if same)				
City	_ Zip Prefe	rred Language		
		GE PRIOR TO SEPT. 30 <sup>TH</sup> OF THE CURREN		
THREE-YEAR-OLD M-W-F 9am-12pm	FOUR-YEAR-OLD MTWTF 9am-12pm	FIVE-YEAR-OLD  MTWTF 9am-12pm	OFFICE USE	
	M-W-F 9am-12pm			
	d Supply fee must be paid before your spot we will contact you to discuss options.	is reserved.		

- The non-refundable Registration and Supply fee must be paid before yo
- If your class choice is not available, we will contact you to discuss optio
- Child must be fully potty trained.

Visit www.chpreschool.com for enrollment checklist, required forms, and additional enrollment information.

Parent/Guardian Signature	Date