



COLUMBIA HEIGHTS PRESCHOOL

Registration Form



Child's Name _____ Male/Female _____

Child's Address _____ City/Zip _____

Birth Date _____ *Must be 3 years old by Sept. 30th of enrollment year*

Preferred Language _____ Understands English Language ___ Yes ___ No

Parent/Guardian's Name _____

Email _____ Phone _____

Parent's Address (N/A if same) _____

City _____ Zip _____ Preferred Language _____

Parent/Guardian's Name _____

Email _____ Phone _____

Parent's Address (N/A if same) _____

City _____ Zip _____ Preferred Language _____

CLASS PREFERENCE (CHILD MUST HAVE REACHED SELECTED AGE PRIOR TO SEPT. 30 TH OF THE CURRENT SCHOOL YEAR)			
THREE-YEAR-OLD	FOUR-YEAR-OLD	FIVE-YEAR-OLD	OFFICE USE
M-W-F 9am-12pm	MTWTF 9am-12pm	MTWTF 9am-12pm	
	M-W-F 9am-12pm		

- The non-refundable Registration and Supply fee must be paid before your spot is reserved.
- If your class choice is not available, we will contact you to discuss options.
- Child must be fully potty trained.
- Visit www.chpreschool.com for enrollment checklist, required forms, and additional enrollment information.

Parent/Guardian Signature _____ Date _____

