

Office Use: Fee _____ M/W T/Th _____ Forms: ___ E ___ P ___ I ___ D ___ H

Please return registration paperwork and fee by June 1 to reserve your preschool spot.

Student Name: _____ **M/F:** _____ **Birthdate:** _____

Preschool is held from 8:00 AM - 10:55 AM. Which days do you prefer?

___ Monday/Wednesday ___ Tuesday/Thursday ___ No Preference

Does your child need to be placed with another child to assist with car-pooling? If so, name of child(ren): _____

Who will usually pick up your child? _____

Will your child ride the school bus to preschool? **Yes** or **No**

Are you interested in extended care (staying at Sacred Heart after 10:55)? **Yes** or **No**
If yes, please list your anticipated attendance hours: _____

Are you interested in scholarship information? **Yes** or **No**

Please list names and ages of siblings: _____

What are your child's strengths? _____

Do you have any goals or concerns for your child? _____

Children must turn 3 by September 15, 2017. All children must be potty-trained.

This form is also available online for completion at: www.shmonticello.org/preschool/