**For Pete’s Sake Preschool, Inc.**

Phone: 508-761-7770 \* Fax 508-761-0780 \* [petesake4kids@comcast.net](mailto:petesake4kids@comcast.net)

**2021-2022 Registration Form**

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_

Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(M/F) Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Secondary Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate your 1st and 2nd choice**

Half Days (times determined based on classroom placement/3.25 hrs.)

\_\_\_\_\_\_\_ Monday-Friday (5 half days)

\_\_\_\_\_\_\_ Monday/Wednesday/Friday (3 half days)

\_\_\_\_\_\_\_ Tuesday/Thursday (2 half days)

Full Days (times determined based on classroom placement/6.75 hrs.)

\_\_\_\_\_\_\_ Monday-Friday (5 full days)

\_\_\_\_\_\_\_ Monday/Wednesday/Friday (3 full days)

\_\_\_\_\_\_\_ Tuesday/Thursday (2 full days)

Print Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_ Fee Received: Cash/Check #\_\_\_\_\_\_\_\_\_ Initials of Staff\_\_\_\_\_\_\_