For Pete s Sake
*Preschool*

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# 2024-2025 Registration Form

Child's Name: _____
Last First Middle

Home Address: _____

City: _____ State: _____ Zip Code: _____

Birthdate: _____ Email: _____

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Phone Number: _____ Phone Number: _____

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

| | | |
|---|---|---|
| Half Days | 9:15-12:30 | |
| _____ | Monday-Friday | $400 per month/10 months |
| _____ | M/W/F | $270 per month/10 months |
| _____ | T/Th | $205 per month/10 months |
| Full Days | 8:15-3:00 | |
| _____ | Monday-Friday | $750 per month/10 months |
| _____ | M/W/F | $470 per month/10 months |
| _____ | T/Th | $350 per month/10 months |

## $100 Registration Fee due at sign-up

**$25 each additional child**

Print Name_____ Signature_____

Date_____ Cash/Check #_____ Initials of Staff_____