Pond Lot Preschool, Inc. P.O. Box 942 795 Center Street N. Dighton, MA 02764

Does you child have any allergies?	Yes	No
If yes, please list:		
Does your child have an Epi Pen?	Yes	No

## We have begun accepting enrollment for the September Preschool Program.

To register your child, please fill out the following form and return as soon as possible.

For **new children enrolling** there is a \$50.00 registration fee. (non-refundable) For **children returning** there is a \$25.00 registration fee. (non-refundable)

If you have any questions, please feel free to contact me at 508-669-6071.

Thank you,
JoAnn McQuillan



## Preschool Pre-registration Form

	Schoo	l Year:		
Child's Name		D.	.O.B	<del></del>
Address				
Parent Name	Phone#			
Email Address				
		days your child		
Monday	Tuesday	Wednesday	Thursday	Friday
(Any 6	6 Hour Day hours between 7:0	0 - 3:00)	Full Days	
Estimated Dr	op off time: _	Estin	nated Pick up t	ime:
(Office Only)	Check#	Amount	Date: _	