

VILLAGE PRESCHOOL

Registration Form

Please include your \$75 registration fee when you submit this form.

Parents' names: _____

Phone number(s): _____

Home address: _____ City: _____ Zip: _____

Child's name: _____ M ___ F ___ Nickname: _____ Date of birth: ___/___/___

Class choices for your three-year-old *(please indicate first and second choices)*

___ Two mornings per week (Tuesday and Thursday)

___ Three mornings per week (Monday, Wednesday, and Friday)

Class choices for your four-year-old *(please indicate first and second choices)*

___ Three mornings per week (Monday, Wednesday, and Friday)

___ Four mornings per week (Monday, Tuesday, Wednesday, and Thursday) – pre-Kindergarten

Please let us know if you have a teacher preference: _____

Please sign below if you have read the registration information and understand the procedures.

Parent signature: _____ Date: _____

Mail your completed form and \$75 registration fee to:

Village Preschool

Attention: Ginnie Elmer, Director

308 North Evergreen Avenue

Arlington Heights, Illinois 60004

For office use:

Date form received: _____

Fee paid: _____

Forms mailed: _____