



3 Year Old Registration Form
(Please complete and return)

Name of Child _____ Name Child will be printing: _____

Date of Birth: _____ Gender: _____ Race: _____

Address: _____ City/Zip: _____

Daytime child care (name/phone): _____

Name of Mother: _____	Name of Father: _____
Home phone: _____	Home phone: _____
Cell phone: _____	Cell phone: _____
Work phone: _____	Work phone: _____
Address: _____	Address: _____
_____	_____
E-mail: _____	E-mail: _____

<i>Class Schedule:</i>	Please mark your 1 st and 2 nd choice:
	_____ Monday/Wednesday AM (\$300.00 per semester; \$600.00 per year)
	_____ Tuesday/Thursday AM (\$300.00 per semester; \$600.00 per year)

Payments: Please include a \$50 deposit with your registration.
 This deposit will be credited toward the first semester tuition.

Make tuition payments by check or money order. NO CASH PLEASE.
 Payment arrangements can be made by contacting the treasurer.

Mail forms and payments to: Columbus Preschool
 PO Box 82
 Columbus, WI 53925

**The Board of Directors has the discretion to make changes needed dependent upon demand for each class.
 **Refund of this deposit will only be made if: Written notice of withdrawal is received prior to July 15th, or
 A replacement is found for an application withdrawn after July 15th and prior to the first day of school.