



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: _____

School District: _____ 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: _____

Class Schedule: Please mark your 1st and 2nd 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 - A replacement is found for an application withdrawn after July 15th and prior to the first day of school.