

**HAMILTON PRESCHOOL REGISTRATION FORM**

Date \_\_\_\_\_

(please print)

CHILD'S NAME (First, middle, last) \_\_\_\_\_

NAME CHILD IS TO BE CALLED \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ AGE IN SEPTEMBER \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

CHILD RESIDES WITH \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

CELL PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_

CELL PHONE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

CHILD'S PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

EMERGENCY NAME \_\_\_\_\_ PHONE \_\_\_\_\_

Allergies or Special Medical Concerns \_\_\_\_\_

Special Interest or Fears of Child \_\_\_\_\_

Names and ages of other children at home \_\_\_\_\_

Previous Preschool Experience \_\_\_\_\_

How did you hear about Hamilton Preschool \_\_\_\_\_

Name of local School District \_\_\_\_\_

WHICH PROGRAM DO YOU PREFER? PLEASE CIRCLE YOUR CHOICE

MORNING 9:00 – 11:30 a.m.      2 Day   3 Day   5 Day

PERMANENT EXTENDED DAY: MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Special Comments: \_\_\_\_\_

I AM INTERESTED IN BEING A SUBSTITUTE TEACHER AT HAMILTON: YES \_\_\_\_\_ NO \_\_\_\_\_

**REGISTRATION FEE MUST ACCOMPANY THIS FORM. \$70.00**

I understand that my child's tuition is an **annual fee**. The first tuition payment due August 1<sup>st</sup> is the **deposit** to hold a space for my child. This deposit will be credited as May's tuition payment. There are no refunds for absences, withdrawals, vacations, or snow days.

\_\_\_\_\_  
(Parent Signature)

2 day \$1080.00      3 day \$1575.00      5 day \$2250.00

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(Office Use Only):

REG FEE \_\_\_\_\_ ACKN \_\_\_\_\_ CRPL \_\_\_\_\_ HEALTH \_\_\_\_\_ CLASS \_\_\_\_\_