

MIDDLETOWN EARLY CHILDHOOD CENTER

Tuition Based Half-day Preschool Program

Pre-Registration Form

Please print carefully

Child's Name: _____
(First) (Middle) (Last)

Child's date of birth: _____ Male _____ Female _____

Street Address: _____

City: _____ Zip Code: _____

Mother/Guardian Name: _____

Father/Guardian Name: _____

Home Phone: _____ Work : _____ Work: _____

Cell Phone: _____ Cell Phone: _____

Email address #1: (please print clearly) _____

Email address #2: (please print clearly) _____

Please indicate 1st and 2nd choice session:

_____ AM session 8:20 – 11:00 – (students are allowed in the building at 8:00)

_____ AM session is my first choice but will take PM if AM is not available

_____ PM session 12:20 – 2:50 – (students are allowed in the building at 12:15)

_____ PM session is my first choice but will take AM if PM is not available

ALL SESSIONS WILL BE AT THE MIDDLETOWN EARLY CHILDHOOD CENTER

For Office Use Only:

Date/Time Received _____

Check Number _____