

Columbia Kids Preschool

Registration Form

Date:

Child's Name:

Birth Date:

Days interested in attending (please circle):

	<u>1st choice</u>	<u>2nd choice</u>	<u>3rd choice</u>
<u>9-11:30am</u>	M T W Th F	M T W Th F	M T W Th F

Parent Names:

Address:

Phone Numbers: Home:

Cell:

E-mail:

Please inform us of ANY special needs or medical conditions, including *allergies* that your child might have:

Please make sure a \$35 *non-refundable* deposit per student is attached to this form. -checks made payable to *Columbia Kids Preschool*

Please return registration form and deposit to:

*Columbia Kids Preschool
c/o Registrar
P.O. Box 1294
Battle Ground, WA 98604*

