

## Registration Application 2025/2026 (or 20\_\_ - 20\_\_ school year)

Parent(s) Name(s):	
Child's Full Name:	Gender: F / M DOB://
Home Phone:	Cell:
Best time to call: Addres	SS:
City:	State: Zip Code:
Parent 1 Email:	Parent 2 Email:
Please Check The Program You Are A PART TIME AND FULL TIME PROG	
<ul> <li>□ Part Time Toddler Program Hours: 8:15 a.m. – 12:15 p.m.</li> <li>□ Full Time Toddler Program Hours: 8:15 a.m. – 3:00 p.m. (Afternoon portion is in Spanish)</li> </ul>	
PRESCHOOL AGES 3+  ☐ Part Time Preschool Hours: 8:30 a.i ☐ Full Time Preschool Hours: 8:30 a.i (Afternoon program is in Spanish and	m 3:00 p.m.
*Note: Children who are 4 years old on or b Circle Days of Attendance: T & TH	per Sept 1st are required to enroll M-F 8:30 a.m. – 3:00 p.m.  MWF 4-day request M-F
Parents' Occupations	
(Optional) Additional Background Info	ormation (e.g., family structure, ethnicity, other):
REGISTRATION APPLICATION SIG	NATURE
I understand that filling out this application	n does not guarantee admission.
Preschool, LLC". The application fee is no	k in the amount of *\$125.00 payable to "Green Beginning Community of refundable. If space is not available, the application will be placed into our ceived. *20% of our application fee goes to our tuition assistance fund
Print Parent Name or Guardian:	
Signature:	Date: