



Registration Application 2026/2027
(or 20__ - 20__ school year)

Parent(s) Name(s): _____

Child's Full Name: _____ Gender: F / M DOB: ____ / ____ / ____

Home Phone: _____ Cell: _____

Best time to call: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Parent 1 Email: _____ Parent 2 Email: _____

Please check the program you are applying for:

PART TIME:

☐ Toddler (2-2.11yrs) Hours: **8:15 a.m. – 12:15 p.m.**

☐ Preschool (3+ yrs) Hours: **8:30 a.m. – 1:00 p.m.**

FULL TIME:

☐ Toddler Hours: **8:15 a.m. – 3:00 p.m.** Afternoon program is in Spanish

☐ Preschool Hours: **8:30 a.m. – 3:00 p.m.** Afternoon Spanish program includes DK component

EXTENDED DAY:

☐ **8:00 a.m. only**

☐ **8:00 a.m. – 4:30 p.m.**

***Note: Children who are 4 years old on or before Sept 1st are required to enroll M-F 8:30 a.m. – 3:00 p.m.**

Circle Days of Attendance: T & TH MWF 4-day request M-F

Parents' Occupations _____

(Optional) Additional Background Information (e.g., family structure, ethnicity, other): _____

REGISTRATION APPLICATION SIGNATURE

I understand that filling out this application does not guarantee admission.

This form must be accompanied by a check in the amount of *\$125.00 payable to "Green Beginning Community Preschool, LLC". Other application fee options are via Zelle (admin@greenbeginningpreschool.com). The application fee is not refundable. If space is not available, the application will be placed into our waiting list in the order in which it was received. *20% of our application fee goes to our tuition assistance fund

Print Parent Name or Guardian: _____

Signature: _____ **Date:** _____