



Name of child _____ Name child will be printing _____
 Date of birth _____ Gender _____ Race _____
 Primary address _____ City/Zip _____

Name of mother: _____	Name of father: _____
Home phone: _____	Home phone: _____
Cell phone: _____	Cell phone: _____
Address: _____	Address: _____
_____	_____
Email: _____	Email: _____

Class Schedule:
 _____ Monday/Wednesday 8:05 - 10:30 a.m. (\$800 per school year, payment options available)
 _____ Tuesday/Thursday 8:05 - 10:30 a.m. (\$800 per school year, payment options available)

Payments: A \$75 registration fee is required at the time of registration.

If you have any questions, please contact the Preschool.

Columbus Preschool
 213 Farnham Street
 Columbus, WI 53925
 920-623-3808
 columbus.preschool@att.net

The Board of Directors has the discretion to make changes needed dependent upon registration and demand for each class.

Refund of this registration fee will only be made if:

- Written notice of withdrawal is received prior to July 15, or
- A replacement is found for an application withdrawn after July 15 and prior to the first day of school.