



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: _____
Work phone: _____	Work phone: _____
Address: _____ _____	Address: _____ _____
Email: _____	Email: _____

Class Schedule:	Please mark your first and second choice:
_____	Monday/Wednesday a.m. (\$700 per year, payment options available)
_____	Tuesday/Thursday a.m. (\$700 per year, payment options available)

Payments: A \$50 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 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- A replacement is found for an application withdrawn after July 15 and prior to the first day of school.