



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: _____

<p>Class Schedule: Please mark your first and second choice:</p> <p>_____ Monday/Wednesday a.m. (\$750 per year, payment options available)</p> <p>_____ Tuesday/Thursday a.m. (\$750 per year, payment options available)</p>

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- A replacement is found for an application withdrawn after July 15 and prior to the first day of school.