



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. (\$750 per school year, payment options available)  
\_\_\_\_ Tuesday/Thursday 8:05 - 10:30 a.m. (\$750 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- A replacement is found for an application withdrawn after July 15 and prior to the first day of school.