



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: Please mark your first and second choice: _____ Monday/Wednesday a.m. (\$800 per year, payment options available) _____ Tuesday/Thursday a.m. (\$800 per year, payment options available)
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Payments: A \$75 registration fee is required at the time of registration (Cash or check only).

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- A replacement is found for an application withdrawn after July 15 and prior to the first day of school.