PEANUT PATCH PRESCHOOL REGISTRATION FORM (2024–2025)

CHILD'S FULL NAME:	D	OOB:/SEX: M/F
PARENTS:		
ADDRESS:	CITY:	, MI ZIP:
EMAIL:		
Mom CELL () Dad CELL (() Alterno	ate PHONE ()
NAME YOU WANT YOUR CHILD TO LEARN TO	WRITE:	
SIBLINGS & BIRTHDATES:		
Teacher your child had 2023-2024 at Peanut	Patch, if applicable	
CUT OFF FOR ALL classes is November	· 1 **age waiver may	apply **
PARENT/TOT CLASSES : 9:00 – 10:30	AM TUESDAY WEDN	IESDAY FRIDAY
3 AM T-TH (9:15-11:45) 3 AM EXT T-TH (9:30 - 1:00) + PLUS Program: 12-3pm Wednesday	4 AM EXT M-W-	(9:15-11:45) F (9:30 - 1:30) 12-3pm Tuesday
<i>OPTIONAL:</i> We realize some children do better in	the classroom when placed with	n or separated from a special friend.
We will <u>try</u> to accommodate requests. I prefer my ch	nild with	
*** I understand my I understand that I am responsible for the ent I understand a portion of my 1st tuition payment	for preschool will NOT be refured the following dates:	able. *** have signed a financial contract. haded if I withdraw from the program
Signature		Date
***Checks payable to: Peanut Pa t	·	
STATUS: Current Alumni New _		DATE RECEIVED:
REGISTRATION FEE: Circle: CASH of the control	or CHECK# or CHECK#	WELCOME: DATABASE:
1 ST TUITION PAYMENT: Circle: CASH of OTHER: Withdraw: Refund (if any):	or CHECK#	DATABASE:EMAIL: