PEANUT PATCH PRESCHOOL REGISTRATION FORM (2023-2024)

CHILD'S FULL NAME:		DOB:/ SI	EX: M/F
PARENTS:			
ADDRESS:	CITY:	, MI ZIP:	
EMAIL:			
Mom CELL () Dad C	ELL ()	_ Home PHONE ()	
NAME YOU WANT YOUR CHILD TO LEARN	N TO WRITE:		
SIBLINGS & BIRTHDATES:			
Teacher your child had 2022-2023 at Peanut CUT OFF FOR ALL classes is November PARENT/TOT CLASSES: 9:00 – 10:	per 1 **age waiver m		
3 YR PRESCHOOL CLASSES: (12 students / 6:1 ratio) 3 AM T-TH (9:15-11:45) 3 AM EXT T-TH (9:30-1:00) + PLUS Program: 12-3pm Wednesdo	(14 student 4 AM M-W- 4 AM EXT M	CHOOL CLASSES: ts / 7:1 ratio) -F (9:15-11:45) 1-W-F (9:30-1:30) gram: 12-3pm Tuesday Dice	
YOUNG 5's CLASS: 5 YEAR OLD	MONDAY – THURSDAY	(9:50 - 2:35)	
<i>OPTIONAL:</i> We realize some children do better We will try to accommodate requests. I prefer my	,	·	al friend.
	ent for preschool will NOT be by the following dates:	undable. *** nd I have signed a financial co refunded if I withdraw from the	e program
Signature		Date	
***Checks payable to: Peanut	Patch Preschool, 313 Nor	thport, Walled Lake, MI 483	90
STATUS: Current Alumni Ne REGISTRATION FEE: Circle: CAS 1ST TUITION PAYMENT: Circle: CAS OTHER: Withdraw: Refund (if anyl):	SH or CHECK# SH or CHECK#	DATE RECEIVED: WELCOME: DATABASE:	