



**THE PRE- K WRAP AROUND PROGRAM
2019/2020 REGISTRATION FORM**

Child's Name _____ Home Phone _____

Grade as of Aug. 2019 _____ DOB _____

Home Address _____

City, State, Zip Code _____

Mother's Name _____

Cell Phone Number _____ Business Phone _____

Father's Name _____

Cell Number _____ Business Phone _____

If there is a court order restricting visitation/pickup, a copy must be provided to the administration by State law and district policy.

PLEASE LIST KNOWN ALLERGIES AND MEDICATIONS

REGISTRATION FEE \$50.00 TO BE INCLUDED IN FIRST MONTH PAYMENT (PER FAMILY)

SESSION	AM	PM			
	1 Day	2 Days	3 Days	4 Days	5 Days
	\$265	\$340	\$380	\$430	\$470

Less than 5 days per week – (check days) Mon Tues Wed Thurs Fri Drop-in fee \$55