sweet kiddles®
flexible childcare center

TRADITIONAL PRESCHOOL REGISTRATION FORM*

Child's Name: _____ **Birthdate:** _____

Parent's Name: _____ **Phone:** _____

Address: _____

Preferred Schedule:

- ❑ **PS Mornings (9-12)**
- ❑ **PS Afternoons (1-4)**

Circle Preferred Days (minimum 2, up to 5**):** **M** **T** **W** **Th** **F**

***Please attach $100 registration fee to hold your child's space in Preschool.**
(must also be a Sweet Kiddles member to use extended care; additional children $50 each)

Additional required paperwork to be completed prior to first day:

- ❑ Completed Child Enrollment and Health Information Form
- ❑ Completed Child Medical Statement (signed by a physician)