



Intent to Return Preschool Registration Form:

To retain your current slot as a returning student this form must be returned **NO LATER THAN DATE** _____ with the non-refundable registration fee of \$100 and your registration paperwork.

Failure to return this form as well as the attached registration document with the registration fee by _____ may result in your child **NOT** maintaining the same the same slot(# of days per week) for the upcoming 2026-2027 school year.

Child's First Name _____ Last Name _____
Child's Date of Birth _____ M/F

Current Class: _____

Current Days Enrolled: _____

Please select from **ONE** of the following options:

_____ I am registering my child for the 2026-2027 school year for the same scheduled days(slot) for which they are currently enrolled.

_____ I am registering my child for the 2026-2027 school year and would like to modify the days they are enrolled.

Options are: Infant-3: M-F, M/W/F, T/R; 4s: M-F, M-R.

First Choice Days: _____

Second Choice Days: _____

Please note that requested changes to your child's current enrolled days will not be processed until _____