

## CSL Preschool Application Fall/Spring 2023-2024

Date				
Child's name	Boy	_ Girl	Birthdate	
Address	City		State	_ Zip
Parents' names	Home phone			
E-mail:	cell phone			
Siblings' names and ages				
Child's doctor		Phor	ne	
Person to notify if unable to reach you	if unable to reach you Phone			
Any concerns about your child that you woul	ld like the school to	o know?		
Class Preference: (Please number first and	d second choice, e	except fo	r Parent Tod	dler)
Parent/Toddler (Tues: 15-22 months)	Pare	nt/Todd	ler (Thurs: 23	3-30 months)
2 ½ -3 ½ T/Th Part-Day 2 ½ -	3 ½ T/Th Extende	ed Day	2 ½	½-3 ½ T/Th Full Day
Multiage T/Th Part Day Multi	iage T/Th Extende	ed Day	Mu	ltiage T/Th Full Day
Three's M/W/F Part Day Three	e's M/W/F Extend	led Day	Thi	ree's M/W/F Full Day
Multi-age M/W/F Part Day Multi	i-age M/W/F Exter	nded Day	/ Mu	llti-age M/W/F Full Day
Pre-K M/T/W/Th Part Day Pre-K	CM/T/W/Th/F Exte	ended W	eek Pre	-K M/T/W/Th/F Full Day
Registration fee: A non-refundable registratio confirmed. There is no appendiment Forms 2/23		s payable	e at the time	your enrollment is
For office use:  Re- En	Reg. fee	Fall	DC	DA:
New W.L.	check	_	cash	27 ti