

**CSL Preschool Application
 Fall/Spring 2024-2025**

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 _____ Phone _____

Person to notify if unable to reach you _____ Phone _____

Any concerns about your child that you would like the school to know? _____

Class Preference: (Please number first and second choice, except for Parent Toddler)

- | | | |
|---|--|-------------------------------|
| ___ Parent/Toddler (Tues: 15-22 months) | ___ Parent/Toddler (Thurs: 23-30 months) | |
| ___ 2 ½ -3 ½ T/Th Part-Day | ___ 2 ½ -3 ½ T/Th Extended Day | ___ 2 ½ -3 ½ T/Th Full Day |
| ___ Multiage T/Th Part Day | ___ Multiage T/Th Extended Day | ___ Multiage T/Th Full Day |
| ___ Three's M/W/F Part Day | ___ Three's M/W/F Extended Day | ___ Three's M/W/F Full Day |
| ___ Multi-age M/W/F Part Day | ___ Multi-age M/W/F Extended Day | ___ Multi-age M/W/F Full Day |
| ___ Pre-K M/T/W/Th Part Day | ___ Pre-K M/T/W/Th/F Extended Week | ___ Pre-K M/T/W/Th/F Full Day |

Registration fee: A non-refundable registration fee of \$150.00 is payable at the time your enrollment is **confirmed**. There is no application fee.

Enrollment Forms 2/24

For office use:

___ Re-	___ En	Reg. fee	Fall ___	DOA:
___ New	___ W.L.	___ check	___ cash	