

Does your child receive services for any of the following? If yes, please circle all that apply.

AD/HD

Vision

Speech Delay

Hearing Delay

Language Delay

Developmental Delay

Behavioral Issues

Allergies (List all allergies) _____

Emergency Contacts and Pick Up (other than parents): ID required for pickup.

Name: _____

Address: _____

Phone Numbers: _____

Relationship to child: _____

Name: _____

Address: _____

Phone Numbers: _____

Relationship to child: _____

Name: _____

Address: _____

Phone Numbers: _____

Relationship to child: _____

Name: _____

Address: _____

Phone Numbers: _____

Relationship to child: _____

At time of registration, a copy of the student's birth certificate and immunization record is required. Please return all forms along with full payment which includes Registration Fee, Activity Fee and First Month's Tuition. Registration and Activity Fee are non-refundable. First Month's Tuition is refundable if student does not attend Monroe First Preschool Academy.

Office Use Only

Registration Paid: _____ Date: _____ Check #: _____ Cash: _____ Online: _____

Activity Fee Paid: _____ Date: _____ Check#: _____ Cash: _____ Online: _____

August Tuition Paid: _____ Date: _____ Check#: _____ Cash: _____ Online: _____

Total Paid: _____

Birth Certificate Received: _____ Immunization Received: _____