Monroe First Preschool Academy Registration Form

2024-2025

Class Requested (mark one choice):

(Student must be the age of the class as of September 1st)

| Infant (3 months - 11 months) | Monday/Wednesday/Friday Tuesday/Thursday | | | | |
|--|--|--|--|--|--|
| One-Year-Old's (12 months – 24 months - must be walking) | Monday/Wednesday/Friday Tuesday/Thursday | | | | |
| Two-Year-Old's | Monday/Wednesday/Friday Monday-Friday | | | | |
| Three-Year-Old's | Monday/Wednesday/Friday Monday-Friday | | | | |
| Pre-K (4's) | Monday-Friday | | | | |
| Kindergarten | Monday-Friday | | | | |
| Student's Full Name: | Date of Birth: | | | | |
| Name student goes by: | MaleFemale | | | | |
| Street Address: | | | | | |
| City: | State: Zip: | | | | |
| Primary Phone Number: | | | | | |
| Email Address: | | | | | |
| Mother's Name: | Father's Name: | | | | |
| Address: | | | | | |
| (If different from student) | (if different from student) | | | | |
| Place of Employment & Address: | | | | | |
| Cell Phone: | Cell Phone: | | | | |
| Business Phone: | | | | | |
| Parent's Relationship to each other: Married Child lives with: Both Parents Mother | | | | | |

(Over Please)

| Does your child receive services f | or any of the following | ? If yes, plea | ase circle all that a | apply. | | |
|---|--|---|------------------------|--------------------|----------|--|
| AD/HD | | | | | | |
| Vision | | | | | | |
| Speech Delay | | | | | | |
| Hearing Delay | | | | | | |
| Language Delay | | | | | | |
| Developmental Delay | | | | | | |
| Behavioral Issues | | | | | | |
| Allergies (List all allergies) | | | | | | |
| Emergency Co | ntacts and Pick Up (oth | er than pare | ents): ID required | for pickup. | | |
| Name: | | | | | | |
| Address: | | Addres | ss: | | | |
| Phone Numbers: | | Phone | | | | |
| Relationship to child: | | Relatio | | | | |
| Name: | | | | | | |
| Address: | | Addres | Address:Phone Numbers: | | | |
| Phone Numbers: | | Phone | | | | |
| Relationship to child: | | | Relationship to child: | | | |
| At time of registration, a copy Please return all forms along Month's Tuition. Registration if student does not attend Mo | with full payment whand Activity Fee are | nich include <mark>non-refunc</mark> | s Registration F | ee, Activity Fee a | nd First | |
| | Office | Use Only | | | | |
| Registration Paid: | Date: Che | ck #: | Cash: | Online: | | |
| Activity Fee Paid: | Date: Che | ck#: | | Online: | | |
| August Tuition Paid: | Date: Che | ck#: | _ Cash: | Online: | | |
| Total Paid: | | | | | | |
| Birth Certificate Received: | Immunizati | on Receivea | l: | | | |