

Skyline's Eagles Nest Preschool

Director: **Lisa Doutre McDermott** ldmcdermott@graniteschools.org



Fillable Registration Form 2024-2025

STUDENT INFORMATION:

FIRST NAME: _____ LAST NAME: _____

BIRTHDATE (MUST BE 3 BY 1 SEPTEMBER 2021): ____ / ____ / ____ AGE: ____ GENDER: ____

PREFERRED FIRST NAME: _____ MUST BE POTTY TRAINED: YES ____ NO ____

LANGUAGE SPOKEN BY CHILD _____ AND AT HOME _____.

IMMUNIZATIONS ARE CURRENT YES ____ NO ____ COPY **BRING TO PARENT MEETING**

SPECIAL CIRCUMSTANCES/NEEDS (PLEASE INCLUDE ALLERGIES TO FOOD, ETC):

PARENT/GAURDIAN INFORMATION:

FIRST & LAST NAME: _____ RELATIONSHIP TO STUDENT: _____

PHONE: _____ ALTERNATE PHONE: : _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP: : _____

FIRST & LAST NAME: _____ RELATIONSHIP TO STUDENT: _____

PHONE: _____ ALTERNATE PHONE: : _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP: : _____

NOTE: Due to the nature of our program, we are unable to provide assistance with feeding, extensive assistance with using the bathroom or exclusive one-on-one attention. If your child has these or similar needs, we will require and appreciate your help in assisting with your child during school hours.

OTHER PERSON(S) AUTHORIZED TO TAKE CHILD FROM PRESCHOOL:

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

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EMERGENCY CONTACT INFORMATION:

EMERGENCY CONTACT FOR _____ (STUDENT'S FULL NAME):

NAME: _____ RELATIONSHIP: _____

PHONE: _____ ALTERNATE PHONE: _____

NAME: _____ RELATIONSHIP: _____

PHONE: _____ ALTERNATE PHONE: _____

.....

TUITION INFORMATION:

- PAY MONTHLY TUITION PAYMENTS ONLINE OR AT SKYLINE'S BOOKSTORE

OCTOBER 2nd - \$105.00

NOVEMBER 1ST - \$105.00

DECEMBER 1ST - \$105.00

JANUARY 4TH - \$105.00

FEBRUARY 1ST - \$105.00

MARCH 1ST - \$105.00

APRIL 3RD - \$105.00

- \$10.00 LATE FEE IS ASSESSED ON THE 11TH OF EACH MONTH.

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I UNDERSTAND AND AGREE TO PAY TUITION AS OUTLINED AND PROVIDE AN UPDATED IMMUNIZATION RECORD.

SIGNATURE: _____ DATE: _____