

A TIME TO GROW PRESCHOOL Registration Form

						Date:		
Child's Name								
	sCity, Zip Code							
Telephone Number								
E-Mail								
Birth Date	Male	Female	Where did yo	u hear about us: _				
Parent(s) or Guardian(s)								
Present health status of child (list any	special need	ds, services t	hat are being pro	vided, allergies,etc	c)			
Former nursery or group experience, in Class Preference: Please make sure sometimes necessary for us to offer your content of the content of	that you incl	lude a 1 st , 2 ⁿ						
Preschool Programs: (child is 3yrs o	ld by Decen	nber 1 st)						
2-Day Preschool Program			reschool Program	•				
Mon/Wed AM Tues/Thurs AM			ed-Fri AM urs-Fri AM					
Tues/Thurs PM								
Pre-Kindergarten Programs	<u>:</u> (child is 4 <u>y</u>	years old by [December 1 st).			Students only *		
3-Day Pre-Kindergarten		4-Day Pı	re-Kindergarten		public sch	participating in the nool UPK Lottery		
Tues-Weds-Thurs AM		Mon-Tue	es-Wed-Thurs AM	l	Circle One			
Tues-Weds-Thurs PM					YES	NO		

AM classes are from 9-11:30 AM & PM classes are 12:30-3:00PM

We will notify you via email as soon as we have your child placed in a class. Please make sure to include your email clearly above ©

An application fee of \$50.00 is required with registration form. This fee is non-refundable unless your child cannot be placed in the school. The fee is separate and not part of the tuition. If you have any questions, please feel free to call (585) 426-6397.

Checks may be made payable to: Time To Grow Enterprises LLC and mailed to:

Time to Grow Preschool 88 White Oak Bend Rochester, NY 14624