



Just Imagine Preschool

2024/2025 Registration Form

Date _____

Student's Name _____

Date of Birth _____ M/F _____

Siblings _____

Class Preference:

Monday/Tuesday/Wednesday 9:00 am -11:30 am \$260.00 mo/\$2340.00 yr _____

Monday-Thursday 12:30 pm -3:30 pm \$310.00 mo/\$2790.00 yr _____

Parent/Guardian _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Parent/Guardian _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

A \$50.00 Non-Refundable enrollment fee must accompany this form, payable by check, money order or cash. Checks made payable to Just Imagine Preschool. Registration is taken on a first come first serve basis; waiting list will be established if necessary.

Additional Child information on other side

Potty Trained _____

Allergies _____

Dietary Concerns _____

Medical Conditions _____

Speech/Hearing Concerns _____

Physical Concerns _____

Learning Concerns _____

Behavioral Concerns _____

Daily Medications _____

IEP (Individualized Education Plan through local school district) _____

In the past has child attended: Daycare _____ Preschool _____