

**CELEBRATION PRESCHOOL  
APPLICATION FORM  
2024-2025**

Child's Name \_\_\_\_\_

Name you would like child to be called at school \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male/Female (please circle)  
MM/DD/YY

Parent/Guardian 1 Name: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Town Zip

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Town Zip

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Please indicate your first and second choices in the appropriate boxes.**

**Five's+ Program  
Monday, Tuesday, Wednesday, Thursday  
\$500.00 per month**

AM Program 8:30AM - 11:30AM

PM Program 12:30 PM - 3:30PM

Will attend Kindergarten at \_\_\_\_\_

Will not attend Kindergarten

**Must be 5 by September 1, 2024**

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

