

**CELEBRATION PRESCHOOL
APPLICATION FORM
2025-2026**

Child's Name _____

Name you would like child to be called at school _____

Date of Birth _____
MM/DD/YY

Male/Female (please circle)

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.

**Three Year Old Program
Monday, Wednesday, Friday
\$350.00 per month**

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AM Program 8:45AM - 11:15 AM

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PM Program 12:30 PM - 3:00PM

Must be 3 by September 1, 2025

Signature of parent/guardian _____

Date _____