

**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.

**Pre-K and Kindergarten Programs
Monday, Tuesday, Wednesday, Thursday**

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Pre K Half day 8:30AM - 11:30AM
\$520 per month

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Kindergarten Half Day 8:30 AM - 11:30 AM
\$520 per month

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Kindergarten Full Day 8:30 AM - 2:30 PM
\$600 per month

Must be 5 by September 1, 2025

Signature of parent/guardian _____ **Date** _____

