CELEBRATION PRESCHOOL
APPLICATION FORM
2026-2027

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_____

Kindergarten/ Pre K Programs
Monday, Tuesday, Wednesday, Thursday

_____ 8:30 AM - 2:30 PM
$675 per month

Kindergarten/ Pre K Friday Extension
Friday

_____ 8:30 AM - 2:30 PM
$175 per month

Signature of parent/guardian **Date**

_____ _____