**CELEBRATION PRESCHOOL**
**APPLICATION FORM**
**2027-2028**

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_____

**Two Year Old Program**
**$225.00 per month**
**Tuesday and Thursday 9:00AM - 11:00AM** _____

**Friday Extension**
**$110 per month**
**Friday 9:00AM - 11:00AM** _____

**Must be 2 by September 1, 2027**

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

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