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_____

Please indicate your first and second choices for the Four Year Old Program. If you are signing up for Exploration Zone, please indicate which days you wish to attend.

Four Year Old Program
Monday, Tuesday, Wednesday, Thursday

____AM Program 8:45AM - 11:15 AM
$535 per month

____PM Program 12:30 PM - 3:00PM
$535 per month

Four's Friday Extension
Friday

____ AM 8:45 AM - 11:15 AM
$130 per month

Exploration Zone
Monday, Tuesday, Wednesday, Thursday, Friday
11:30AM - 3:00PM

____ 1 Day per week _____
$200 per month
____ 2 Days per week _____
$340 per month
____ 3 Days per week _____
$480 per month
____ 4 Days per week_____
$620 per month
____ 5 Days per week_____
$760 per month

Must be 4 by September 1, 2027

Signature of parent/guardian_____ Date_____