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_____

Bridge Program
Bridge into Kindergarten / 1st grade
Monday, Tuesday, Wednesday, Thursday

_____ 8:30 AM - 2:30 PM
$685 per month

Friday Extension

_____ 8:30 AM - 2:30 PM
$185 per month

Signature of parent/guardian **Date**

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