



REGISTRATION OF INTEREST IN PLACEMENT

I am interested in enrolling my child in the Petit Paris Bilingual preschool program. I understand that I must pay a non-refundable \$25 fee to register this intent. Checks may be made payable to Anna Skop.

PLEASE PRINT THE FOLLOWING INFORMATION

Child's name (Last, First)

Birth Date (mm/dd/yy)

Gender

Street Address

City/ State/ Zip

Mother's/Guardian's Name (#1)

Work Phone

Cell Phone

Home Phone

Email

Address Father's/Guardian's Name (#2)

Work Phone

Cell Phone

Home Phone

Email

Address

DESIRED PLACEMENT FOR YOUR CHILD Preschool (3 to 6) (Must be 3 by September 1st)

3 days a week 5 days a week

Half Day (8.30 – 11:50)

Full Day (8.30 – 3:00)

Extended care (8.30-4.30)

