



2025-2026 School Year Registration Form

For office use:
 Reg. fee: _____
 Date: _____
 Recommendation: _____
 Class: _____

Acorns: 3 year olds*
 Oaks: 4 year olds*
 Mighty Oaks: 5 by 12/31/25
 *Age as of October 1, 2025
 Students MUST be fully potty trained - NO PULL-UPS

Please check the class you are registering for:

<input type="checkbox"/> Acorns <input type="checkbox"/> T, TH AM(9:30-12:00) <input type="checkbox"/> M,W AM(9:00-11:30)	<input type="checkbox"/> Oaks T, W, F (9:30-2:00) <input type="checkbox"/> 1/2 DAY OPTION 9:30-12:15	<input type="checkbox"/> Oaks M,T, TH (9:00-1:30)	<input type="checkbox"/> Mighty Oaks M,T,W,TH (9:00-2:00)
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Child's Information

Name: _____ Date of Birth (mm/dd/yy): _____
 Address: _____ Gender: Male or Female
 City: _____ State: _____ Zip: _____
 Preferred Phone: () _____ Preferred Email: _____
 Child lives with: _____

FAMILY INFORMATION

Parent 1 Name: _____ Cell Phone:() _____
 Address: _____ City/State/Zip: _____
 Employer: _____ Occupation: _____ Work Phone:() _____
 Email: _____
 Parent 2 Name: _____ Cell Phone:() _____
 Address: _____ City/State/Zip: _____
 Employer: _____ Occupation: _____ Work Phone:() _____
 Email: _____

GENERAL INFORMATION

How did you hear about our preschool? _____
 Has your child attended preschool or daycare? If so, where? _____
 Which elementary school will your child attend? _____
 Does your child receive any special services (speech, OT)? _____
 Name/date of birth of sibling(s): _____

EMERGENCY CONTACT INFORMATION

In case of emergency, list one person to call (if mother/father cannot be reached):
 Name: _____ Relationship: _____ Phone:() _____
 Name: _____ Relationship: _____ Phone:() _____

MEDICAL INFORMATION

Child's Physician: _____ Phone:() _____

List any allergies including food allergies: _____

Please list any other medical concerns or information about your child: _____

RELEASE INFORMATION

The following adults have my permission to pick up my child from preschool (other than parents). We will only release your child to persons for whom you have given your WRITTEN permission. *A phone call will not be enough (for safety issues).*

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

FEE INFORMATION

A non-refundable \$95 annual registration fee. Tuition is due on the 15th of each month starting August and ending in April. There will be a \$25 late fee assessed for payments made after the 25th of the month. If a child is withdrawn from our preschool, three weeks notice is required. See program tuition costs below. There will be a \$25 charge for checks returned due to insufficient funds.

Program	Acorns	Oaks Half Day	Oaks	Mighty Oaks
Age	3 years old by Oct.1	4 years old by Oct.1	4 years old by Oct.1	5 by Dec. 31, 2025
Schedule	M/W (9:00-11:30)OR T/TH 9:30-12:00	T,W,F 9:30-12:15	M,T, TH 9:00-1:30 T,W,F 9:30-2:00	M,T,W,TH 9:00-2:00
Cost	\$175 per month	\$250 per month	\$305 per month	\$395 per month

Immunizations: The State of Indiana Health Department requires preschool to have a current certificate of immunization status form on file for all students. This form needs to be completed prior to your child starting preschool.

Authorization to seek emergency treatment forms need to be completed by the start of the school year in the event of a medical emergency.

____ Please initial at the left if you give your permission for your child to be photographed/videotaped for purposes of bulletin board displays, preschool programs, marketing materials, Facebook page or on website. I understand that none of these pictures will be labeled with my child's name.

____ Please initial at the left if you give your permission for your child's name, address, email, phone number and parent names to be printed and released to other preschool parents for the purpose of party invitations, directory, etc.

I HAVE READ AND UNDERSTAND ALL OF THE ABOVE CHARGES AND PAPERWORK REQUIREMENTS:

Signature: _____ Date: _____