2026-2027 School Year Registration Form

For office use:

Reg. fee: _____

Date:_____

Recommendation:_____

Class :_____

Acorns: 3 year olds*
Oaks: 4 year olds*
Mighty Oaks: 5 by 12/31/26

*Age as of October 1, 2026

Students MUST be fully potty trained - NO PULL-UPS

Please check the class you are registering for:

Acorns	Oaks	Oaks	Mighty Oaks
☐ T, TH AM(9:30-12:00) ☐ M,W AM(9:00-11:30)	☐ T, W, F (9:30-2:00) ☐ 1/2 DAY OPTION 9:30-12:30	☐ M,T, TH (9:00-1:30)	☐ M,T,W,TH (9:00-2:00)

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 If a child is withdrawn from our preschool, three weeks notice is required.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 AM (9:00-11:30) T/TH AM (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	$182 per month	$260 per month	$317 per month	$410 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:**_____