

People's Institute

38 Gothic Street
Northampton, MA 01060
Phone: (413) 584-8313
Fax: (413) 584-2851
office@pichildcare.com

Pre-Kindergarten Registration Form

Please fill out this form and submit it with a \$20.00 non-refundable registration fee.

Child's Information

Name _____

Date of Birth ___/___/_____ Age at start of program (4.5 yrs and up) _____

Special Medical Information and Considerations: _____

What is your preferred start date? ___/___/_____

Tuition: (8:30-5:30) \$190.00 per week

Early Morning Care (7:30-8:30) \$10.00 per day

Check days you would like early morning care (3 day minimum):

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Early	<input type="checkbox"/> Early	<input type="checkbox"/> Early	<input type="checkbox"/> Early	<input type="checkbox"/> Early

Guardian's Information

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Guardian's Signature _____ Date _____

How did you hear about us? _____

