

People's Institute

Preschool Registration Form

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

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 (2.9 - 4.9yrs) _____

Special Medical Information and Considerations

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

Tuition: Full Day (8:30-5:30) \$39.00 per day **Half Day** (8:30-12:30) \$29.00 per day
Early Morning Care (7:30-8:30) \$10.00 per day

Select all that apply (3 day minimum):

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day	<input type="checkbox"/> Full Day
<input type="checkbox"/> Half Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Half Day	<input type="checkbox"/> Half Day
<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? _____

2/2019

