



NAME OF CHILD _____

GENDER: M F

NAME OF PARENTS/GUARDIANS _____

FAMILY ADDRESS _____

CHILD'S DATE OF BIRTH _____ ALLERGIES _____

MOBILE NUMBER/S _____

EMAIL ADDRESS/ES _____

All classes meet 9:15 – 10:30. Classes are subject to enrollment. There are no refunds for missed classes.

Fall Sessions

_____ **Tuesday session: Oct 21, 2025 – Jan 27, 2026** (no class 12/30)
Cost: \$400

_____ **Wednesday session: Oct 22, 2025 – Jan 28, 2026** (no class 12/24, 12/31)
Cost: \$375

_____ **Thursday session: Oct 9, 2025 – Jan 29, 2026** (no class 11/6, 11/27, 12/25, 1/1)
Cost: \$375

Spring Sessions

_____ **Tuesday session: Feb 3, 2026 – Jun 2, 2026** (no class 3/31)
Cost: \$485

_____ **Wednesday session: Feb 4, 2026 – Jun 10, 2026** (no class 4/1, 4/8)
Cost: \$485

_____ **Thursday session: Feb 5, 2026 – Jun 4, 2026** (no class 4/2, 4/9)
Cost: \$460

Please enclose payment and make checks payable to The Preschool Place and Kindergarten.

Signature _____

Date _____