TINY TROJANS PRESCHOOL

2008-2009 School Year

APPLICATION AND REGISTRATION

Name of Child: _____ **Application Date:**_____
First **Last**

Birthday: _____ **Age of Child (as of 8/31/08)** _____
Years/Months

Class Choice: (M-T-W) **AM (4-5 year olds) (2 hours/am) ($80/mo)** _____
(M-T-W) **PM (3-4 year olds) (2 hours/pm) ($75/mo)** _____

Parent's Name (s) (Mom & Dad) _____
Child's Primary Mailing Address: _____
_____
Child's Primary Home Telephone # _____
Parents' email address _____

Mom's Place of Employment and Telephone Number
_____
_____

Dad's Place of Employment and Telephone Number
_____
_____

Health Notes we need to be aware of-Please List:
Allergies & Foods Child Can Not Eat _____
Chronic Illnesses _____
Medicines Child Needs at School _____

Emergency Contact if Parent(s) can not be reached – two please
#1 (Name, Address and Telephone) _____
#2 (Name, Address and Telephone) _____

Who is AURTHORIZED to TAKE your child from the Preschool:
Name _____ Telephone # _____ Relationship_____
Name _____ Telephone # _____ Relationship_____

Please send this registration form and the $45 application fee to

Tiny Trojans Preschool, OHS, % Jana Heistand/Mary Tuffley P.O. Box 8 Silverdale, WA 98383

360.662.2807 – preschool office **360.373.1735 Summer Contact**
360.662.2703 – main office