



# CITYSTATION

## P R E S C H O O L

### 2020-2021 PRE-REGISTRATION FORM

Child's Last Name		Child's First Name	
Date of Birth (MM/DD/YYYY)		Gender	
		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Parent/Guardian Name		Phone Number	
What age group are you interested in registering for? (must be age on 9/1/20)			
<input type="checkbox"/> 1 year olds (must be walking)	<input type="checkbox"/> 2 year olds	<input type="checkbox"/> 3 year olds (must be fully potty-trained)	<input type="checkbox"/> 4 year olds
What preschool program are you interested in registering for?			
<input type="checkbox"/> Half-day preschool (8:15 a.m.—11:15 a.m.)		<input type="checkbox"/> Extended-day preschool (8:15 a.m.—6:00 p.m.)	
Does your child have a sibling that will be at City Station Preschool for the 2020-2021 school year?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name:	
Email Address (This will be how we communicate results of drawing. Please print legibly.)			

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Parent/Guardian Signature

Date