



## Student Registration Form 2025-2026

Child's Birth Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Child's Preferred Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

How did you hear about us? \_\_\_\_\_

### Please indicate your class preference

#### 3 Year-old 2 day Class

Tues and Thu \$225/month 8:45 am—12:00 pm \_\_\_\_\_

**\*Children must be 3 years old by September 30, 2025 and toilet trained**

#### 3 Year-old 3 day Class

Mon, Wed & Fri \$295/month 8:45 am—12:00 pm \_\_\_\_\_

**\*Children must be 3 years old by September 30, 2025 and toilet trained**

#### Pre-K 4 Year-old 4 day Class

Mon thru Thu \$395/month 8:45 am—12:00 pm \_\_\_\_\_

**\*Children must be 4 years old by September 30, 2025 and toilet trained**

#### Friday Enrichment Class

Fridays \$85/month 8:45 am—12:00 pm \_\_\_\_\_

**\*Children must be enrolled in a Pre-K 4's class**

#### CHECK ONE

\_\_\_\_\_ Harmony Methodist Church member \_\_\_\_\_ Alumni family \_\_\_\_\_ Open Enrollment

#### **ADMINISTRATIVE USE:**

Date Received \_\_\_\_\_ Class Placement \_\_\_\_\_ Reg Fee Paid \_\_\_\_\_ Notification Emailed \_\_\_\_\_

Does your child have any allergies or sensitivities to ANY substance (food, animals, pollen, dust, insects, soaps, etc.)? If so, how are they manifested (rash, stomach ache, runny nose, breathing difficulties)?

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Does your child have any dietary restrictions? If so, please describe them in detail.

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Does your child receive any special services? If so, please explain.

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Please add any comments about your child that you feel would be helpful to the Director/Teachers such as medical concerns, fears, dislikes, behaviors.

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**Acceptance of this form along with the non-refundable \$125 registration fee reserves your child a place in Harmony Preschool for the year beginning September 2025.** Checks should be made payable to Harmony Preschool. If a class is full or canceled due to lack of enrollment the registration fee will be refunded. In return, we expect that you will honor your child's enrollment for the term unless you move or it is mutually agreed that dissolving this contract would be the most advantageous agreement for your child.

I agree to honor this registration form as described above. In case I do need to remove my child from the program, I will give 30 days' notice or pay for this time.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_