

Registration Form 2023/2024 Three Year Old PM Please Specify 3 or 5 Day Program 12:30 PM – 3:00 PM

\$100 Non-Refundable Registration Fee Per Family
5/day Program Monday- Friday/\$2700 per year or \$270 per month
3/day Program Monday/Wednesday/Friday/\$2300 per year or \$230 per month

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Child's Name:			M/F
Date of Birth:			
Parent Name:			
Mailing Address:Street			
Street	Town	Zip	
Home Phone:			
Alternate Contact Number:			
E: Mail:			
Siblings Names/Ages			
Please return Registration Form fee. Please	ase make check pa	yable to: Positive Pr	eschool
Please provide the following forms by A	august 1.	Birth Certificate	
		Immunization Reco	ord
Payment Plan:			
Full Payment due by August 1st ((less 2% discount)	or	
Monthly payment due by the 1st of	of each month (Au	gust-May)	
There will be a \$35.00 late fee if payment is not Returned Check Fee: \$40.00	received within 10 day	ys of due date.	
I understand that legal action may be taken in the All information obtained on this form will be ke		payments.	
Signature/Date:			