
$\qquad$ M/F $\qquad$
Date of Birth: $\qquad$
Parent Name: $\qquad$
Mailing Address:

| Street | Town Zip |
| :--- | :--- | :--- |

Home Phone: $\qquad$
Alternate Contact Number: $\qquad$
E: Mail: $\qquad$
Siblings Names/Ages $\qquad$
Please return Registration Form fee. Please make check payable to: Positive Preschool
Please provide the following forms by August 1. $\square$ Birth Certificate
$\square$ Immunization Record
Payment Plan:
$\square$ Full Payment due by August $1^{\text {st }}$ (less $2 \%$ discount) or
$\square$ Monthly payment due by the $1^{\text {st }}$ of each month (August-May)
There will be a $\$ 35.00$ late fee if payment is not received within 10 days of due date.
Returned Check Fee: $\$ 40.00$
I understand that legal action may be taken in the event of delinquent payments.
All information obtained on this form will be kept confidential.
Signature/Date: $\qquad$

