

Community Preschool
70 South High Street
Harrisonburg, VA 22801 (540) 433-7974
2024-2025

Child's Name _____ Gender _____ Birth Date _____
Home Phone _____
E-mail Address _____
Mailing Address _____

Childs Preferred Name _____

Class Child is Registering For (circle one): (8:30-11:00) (8:30-11:30)
2-Day -T &F **3 Day AM - MWTh**
3 by Sept 30 4 by Sept 30

Previous Preschools Attended _____

Other Schools Child is Currently Enrolled In _____

Father's Name _____
Place Employed _____ Cell Phone _____
Special Hobbies, Interests, Skills _____

Mother's Name _____
Place Employed _____ Cell Phone _____
Special Hobbies, Interests, Skills _____

Siblings:
Names _____ Ages _____

Attend CMC: _____

Any special needs or medical conditions that we should be aware of:

You will receive information and forms through the mail in August. In this mailing, you will receive a time for you and your child to come to preschool for a classroom visit. At this time you may return your paper work included in the mailing and please bring a snapshot of your child to be put up in the hallway. All new to the program children will need a doctor's office form with record of their shots turned in at the class visit.

Please have a birth certificate or other proof of identity (Passport, birth registration card, notification of birth from the hospital) available for teachers to see at the classroom visit. Social Security cards cannot be used for proof of identity.

Community Preschool admits all students of any race, color, national and ethnic origin.

Please return this form and the \$100 non-refundable registration fee to the address above

OFFICE USE ONLY
IDENTITY VERIFICATION

Place of birth:	Birth Date:	Birth Certificate Number:	Date Issued:
Other Form of Proof: _____ Date Documentation Viewed / _____ Person Viewing Documentation			