## Community Preschool 70 South High Street Harrisonburg, VA 22801 (540) 433-7974 2025-2026

Child's Name	Gender	Birth Date
Home Phone		
E-mail Address		
Mailing Address		
Child's Preferred Name		
Class Child is Registering For (circle one): 2-	Day -T&F (\$155/month) (8:30-11:00) 3 by Sept 30	
Previous Preschools Attended		
Other Schools Child is Currently Enrolled In		
Father's Name		
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 paperwork included in the mailing and please bring a *picture of your child* to be put up in the hallway. All new to the program children will need a doctor's office form with a record of their shots turned in at the class visit. You can find the "School Entrance Health Form" at <u>https://bit.ly/4hdhbJp</u> or at your doctor's office.

## 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		