Community Preschool

70 South High Street
Harrisonburg, VA 22801 (540) 433-7974
2026-2027

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 **3-Day -M,W,TH ($255/month)** (8:30-11:30) 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 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 https://bit.ly/4hdhbJp 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	