



The Woods Private School

2 Year Olds

_____ 2 Days (T/TH) 9:00-2:00
 _____ 3 Days (MWF) 9:00-2:00
 _____ 5 Days (M-F) 9:00-2:00

3 Year Olds

_____ 2 Days (T/TH) 9:00-2:00
 _____ 3 Days (MWF) 9:00-2:00
 _____ 5 Days (M-F) 9:00-2:00

Pre-Kindergarten

_____ 2 Days (T/TH) 9:00-2:00
 _____ 3 Days (MWF) 9:00-2:00
 _____ 5 Days (M-F) 9:00-2:00

STUDENT

(Last Name)

(First Name)

(Middle)

(Preferred name to be used at school, if different than "First Name")

Phone _____

BIRTHDATE:

Address _____

Month _____

City/State/Zip _____

Day _____

Subdivision _____

Year _____

Home E-mail _____

Female _____ Male _____

(Not Student's E-mail)

FATHER

Last Name _____

Work Phone _____

First Name _____

Cell Phone _____

(Only if different from student's address)

Work E-mail _____

Address _____

Occupation _____

City/State/Zip _____

Name of Firm _____

MOTHER

Last Name _____

Work Phone _____

First Name _____

Cell Phone _____

(Only if different from student's address)

Work E-mail _____

Address _____

Occupation _____

City/State/Zip _____

Name of Firm _____

Attendance: Date student will start: _____

For office use only:

Registration Paid: Yes / No Amount \$ _____ Check # _____

Time and Date of Registration _____

Teacher Assignment _____