

**2024-2025**



<b>FOR OFFICE USE ONLY</b>	
Reg. Amount	_____
Cash	_____
Check #	_____
Start Date	_____

*Please indicate class choice:*

Please register your child for the appropriate class based on your child's age as of August 31.

**TWO YEAR-OLDS, 9-1**

**PRE-KINDERGARTEN (4 yrs), 9-1**

2-day (\$250/mo.)  3-day (\$300)  5-day (\$375)

M-F (\$375/mo.)

**THREE-YEAR-OLDS, 9-1**

**KINDERGARTEN (5 yrs), 9-1**

3-day (\$300/mo.)  5-day (\$375)

M-F (\$400/mo.)

**Child's Name** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Prefers to be called \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Other school(s) attended \_\_\_\_\_

**How did you hear about Peas in a Pod?** \_\_\_\_\_

**Parent Information:**

Name _____	Name _____
Address (if different) _____	Address (if different) _____
Cell # _____	Cell # _____
E-mail _____	E-mail _____
Employer _____	Employer _____

**Siblings and Ages** \_\_\_\_\_

***In an emergency***, if neither parent can be reached, we will call contacts as listed below. These people also have permission to pick your child up unless otherwise noted.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

***Special Medical Information*** (i.e., food allergies, chronic conditions)

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***Important Information to share with your teachers:***

Any pronounced difficulties or concerns? Examples – separation anxiety, medical problems (including physical disabilities), difficulties getting along with peers, etc.:

Please include anything else that you would like to share about your child, or expectations that you may have:

