

REGISTRATION OF INTEREST IN PLACEMENT AT SHADY LANE SCHOOL

I am interested in enrolling my child in the Shady Lane School five-day program. I understand that I must pay a non-refundable \$25 fee to register this intent. Checks may be made payable to Shady Lane.

PLEASE PRINT THE FOLLOWING INFORMATION

Child's name (Last, First)	Birth Date (mm/dd/yy)	Gender
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Street Address

City	State	Zip
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Parent/Guardian's Name (#1)	Work Phone	Cell Phone	Home Phone
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Parent/Guardian's Name (#2)	Work Phone	Cell Phone	Home Phone
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Parent/Guardian #1 Email Address	Parent/Guardian #2 Email Address
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DESIRED PLACEMENT FOR YOUR CHILD

<input type="checkbox"/> Infant (6 weeks – 12 months)	<input type="checkbox"/> Young Toddler (Must be 1 by September 1)	<input type="checkbox"/> Toddler (Must be 2 by September 1)	<input type="checkbox"/> Preschool (Must be 3 by September 1)
<input type="checkbox"/> Half Day (7:30 – 12:30) (Toddler & Preschool only)	<input type="checkbox"/> Full Day (7:30 – 3:00)	<input type="checkbox"/> Extended Day (7:30 – 6:00)	

Enrollment Preference: As soon as space is available OR Beginning _____

Does your child receive any outside services? Yes No If yes, what? _____

Has your child been enrolled in school before? Yes No

If yes, where? _____ Reason for leaving? _____

Do you receive funding from ELRC? Yes No

Name of siblings or parents (if any) who are attending or have attended Shady Lane School:

How did you hear about Shady Lane School?

Friend
 Shady Lane website
 NAEYC website
 Other: _____

For Office Use Only

Date Received: _____ Check/Receipt #: _____

Confirmation sent: _____ Initials: _____

Entered: _____ Initials: _____