

## 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

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

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

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 we have permission to contact?  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: \_\_\_\_\_