

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_____
Street Address_____
City_____
State_____
Zip_____
Parent/Guardian's Name (#1)_____
Work Phone_____
Cell Phone_____
Home Phone_____
Parent/Guardian's Name (#2)_____
Work Phone_____
Cell Phone_____
Home Phone_____
Parent/Guardian #1 Email Address_____
Parent/Guardian #2 Email Address**DESIRED PLACEMENT FOR YOUR CHILD****Infant**

(6 weeks – 12 months)

Young Toddler

(Must be 1 by September 1)

Toddler

(Must be 2 by September 1)

Preschool

(Must be 3 by September 1)

Half Day (7:30 – 12:30)

(Toddler & Preschool only)

Full Day (7:30 – 3:00)**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 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: _____