

LITTLE TIGERS PRESCHOOL & CHILDCARE CENTER

94 West Church Street
Pickerington, Ohio 43147
614-837-3932
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Email: littletigers@att.net

Preschool Registration Application

School Year _____

Name of Child _____ Birth Date: _____ Boy _____ Girl _____

Name of Parents: (Mother) _____ Cell phone: _____

Work Phone: _____ Email: _____

(Father) _____ Cell phone: _____

Work Phone: _____ Email: _____

Home Address _____ Home Telephone: _____

City _____ State _____ Zip _____

Who is child's Legal Guardian? _____

- PROGRAM: Please check one
Morning, two-day, three year old class (T, Th)
Afternoon, two-day, three and young four year old class (T, Th)
Morning Classes - 9:15 to 11:45
Morning, three-day, four and five year old, Pre K class (M,W,F)
Afternoon Classes - 12:30 to 3:00
Afternoon, three-day, four and five year old, Pre K class (M,W,F)
*9:00 to 11:30 am * Morning, five-day, four and five year old, Pre K class (M -F)

* Class offerings will be subject to rescheduling based on number of registrants.

YOUR CHILD MUST BE THE REQUIRED AGE BY AUGUST 1ST OF THE SCHOOL YEAR THEY ARE ENROLLING

A \$85.00 non-refundable fee must accompany this application

(Date) _____ (Parent's Signature) _____

For Office Use Only

Registration fee paid (date) _____ Waiting List _____
Date application received _____ To be assigned to _____
Date of admission _____ Year _____ Amount tuition _____
Notification of acceptance _____ Verbal _____ Written Enrollment forms sent _____