



Petite Ecole Preschool Registration Form 2019-2020

Bonjour! We are excited to have your child learn French with us at Petite Ecole Preschool! Please choose the THREE YEAR OLD class if your child will be three by Sept 1, 2019. Please choose the FOUR YEAR OLD CLASS if your child will be four by Sept 1, 2020.

Child's Name _____

Child's Birthday _____

Parent/Guardian: _____

Email Address: _____

☐ Three Year Old Class (Meets T/Th 9:15-11:45)

☐ Four Year Old Class (Meets T/Th 12:30-3:00)

☐ I have paid the \$60 registration fee for the 2019-2020 school year. I understand that this fee guarantees my child's spot and is non-refundable

☐ I agree to pay \$100 tuition each month during the school year. If I fail to make a payment by the end of the month, I understand that Petite Ecole Preschool reserves the right to terminate service for my child.

Parent/guardian Signature

Date

Please return this form with the \$60 non-refundable registration fee. Venmo: Kate Yospe, cash or make checks payable to Kate Yospe. You will be contacted with your registration is processed. Contact Miss Kate with any questions or concerns at (385)419-0837 or Kate@PetiteEcolePreschool.com.



Petite Preschool Student Information Sheet

Child's Full Name_____

Child's Preferred Name_____ Age_____ DOB ____/____/____

Mother's Name_____ Mother's cell_____

Father's Name_____ Father's cell_____

Email Address _____

Sibling(s) Name(s)_____

Home Address_____

Emergency Contact _____ Phone_____

Emergency Contact _____ Phone_____

List any allergies or health or behavior concerns: _____

Anything else you want me to know about your child?_____

On a scale from 1-10 (1=not at all), how well does your child know the following:

Letter Recognition: _____ Letter Sounds:_____ Colors:_____ Shapes:_____

Number Recognition (1-10):_____ Number Value (1-10):_____ French _____

Is there anything else you'd like to tell us about your child that will help us teach him/her better_____



Petite Ecole Preschool Liability Release Agreement

Liability Agreement:

I verify that my child is covered under my own or my family's medical insurance policy. I do not and will not hold Petite Ecole Preschool, or its owners, responsible for any injury occurring before, during, or after preschool. Furthermore, I give permission for Petite Ecole Preschool staff to administer first aid and/or CPR to my child, and to call an ambulance and/or paramedic in the event of an emergency.

Parent/Guardian Signature

Date

Teacher Signature

Date