

Number: _____

Date: _____

September 2017 - June 2018

PREKINDERGARTEN REGISTRATION FORM

SOMERSET ACADEMY

3333 COOLIDGE ROAD, TROY, MI 48084 somersetacademytroy@gmail.com (248) 643-8404

Name of Child _____ Date of Birth ____/____/____
Last First (Nickname) Mo. Day Year

Address _____ Home Phone _____

City Zip Sex: BOY GIRL

Parent _____ Work Phone _____ Cell Phone _____

Parent _____ Work Phone _____ Cell Phone _____

Emails _____ / _____ (to be used for school purposes only)

For your child's well-being, please list any serious allergies or health conditions on the line below:

Returning or New Family (circle one) Referred By: _____

SCHEDULE INFORMATION: Indicate your choice by placing an (X) in the appropriate box. Please provide a schedule for both your first and second choices.

First Choice:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning 9:00am-12:00pm					
Lunch 12:00pm-12:30pm					
Rest 12:30pm-1:00pm					
Afternoon 1:00pm-4:00pm					

Second Choice:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning 9:00am-12:00pm					
Lunch 12:00pm -12:30pm					
Rest 12:30pm- 1:00pm					
Afternoon 1:00pm-4:00pm					

PLEASE RETURN THIS FORM WITH AN **\$85.00 NON-REFUNDABLE REGISTRATION FEE** PER FAMILY.

SIGNED _____ DATE _____

FOR OFFICE USE ONLY:

REG.AMT.PD. _____ CHECK# _____ DATE _____ CLASS PLACEMENT _____

BEGINNING DATE _____ CONFIRMATION LTR _____

WAITING LIST _____ DATE _____ CALLED _____

TOTAL TUITION _____ MONTHLY TUITION _____

CHANGE TO SCHEDULE _____

START DATE _____ NEW TUITION _____ / _____ (White: Office/Yellow: File/Pink: Parent)