A&HT WYOMING PRESCHOOL REGISTRATION FORM

We, the undersigned parents/guardians, hereby register our child for the 2025 to 2026 school year. We agree to pay the required tuition for the school year.

Child's name:	(Gender (circle): male female
Age:	Birth date:	
Address:		
City/State/Zip:		
Home phone:	Cell phone: _	
Parents' names:		
Parents' email address(e	s) - printed clearly:	
Emergency contact - Na	me:	
Relationship:	Phone	::
Circle preferred class:	2 & 3 year olds (no extended	care)
	2 & 3 year olds (with extende	d care till 1:00 pm)
	3 & 4 year olds (no extended	care)
	3 & 4 year olds (with extende	d care till 1:00 pm)
	4 & 5 year olds (Pre-K)	

Terms & Conditions of Enrollment:

- A non-refundable registration fee of \$95.00 must accompany this application to be complete. Tuition is due quarterly: August, October, January, and March. Activity fee is due in August.
- If you child is withdrawn during the school year, you are responsible for the full quarter's tuition. No refunds will be made due to travel, illness, or quarantine regulations affecting your child or the group.
- A completed school medical form signed by your child's physician is required to be on file by the start of the school year.
- Parents agree to provide snacks or lunches as needed.

Parent's Signature: _	Date:
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