

TBI Preschool Registration Form 2018-2019



Child's Name _____ birth date _____
(must be 2 ½ years old to enter)

Parents Name(s) _____

Address _____ zip _____

Phone(s) _____ email _____

Programs Hours	5 days M-T-W-Th-F	3 days M-W-F	2 days* T-Th	
Weeschool 2.5-4 years				Weeschool only 12pm pick up & 2 day per week option
Preschool 4 years-5 years			N/A	9:00am-2:00pm

Early Drop-In Available from 8:00am with no prior arrangement
All programs end at 2:00pm

A \$50 non-refundable deposit is required for new families and \$25 for returning students.

No deposit is needed to be on the waiting list.
 All waiting lists are kept on first come, first served basis.

Application date _____ Deposit Paid _____ Check # _____ Confirmation Date _____