

**Community Preschool of Whitefish Bay
REGISTRATION**

Child _____ Birthdate _____ Male/Female _____

Child's Nickname _____

Parents _____ Phone _____

Address _____

E-Mail Address: _____

Father's Occupation _____ Phone _____

Mother's Occupation _____ Phone _____

Relationship to Community Preschool (please circle one)

Continuing Family

Returning Family

New Family

Class Preference

Please indicate a first, second and third choice by numbering in order of preference:

_____	Monday-Wednesday-Friday	9:00-11:15 AM
_____	Tuesday-Wednesday-Thursday	12:15-2:30 PM
_____	Tuesday-Thursday	9:00-11:15AM

Important

CPS is not licensed to care for children in diapers; therefore, by state law, all children attending the preschool **MUST** be toilet trained. We cannot allow exceptions.

Prompt payment of deposit and tuition is an enrollment requirement of all families. CPS is a non-profit organization and our budget relies on prompt tuition payments. Failure to comply could result in withdrawal of the child from school.

Continuing and returning family registration received after January 28th will be considered and placed according to the guidelines for New Families.

Notice of Nondiscriminatory Policy as to Students

Community Preschool of Whitefish Bay admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race color, national and ethnic origin in administration of its educational policies, admissions policies or other school-administered programs.

DO NOT WRITE BELOW THIS LINE

Date Received _____

Placement Offered _____

Waiting List Status _____

Payment Date _____

Check # _____