

Slatersville Preschool & Kindergarten Registration Form

CHILD'S NAME: _____ **DATE OF BIRTH:** _____

ADDRESS: _____ **TELEPHONE:** _____

EMAIL: _____

PARENT/GUARDIAN SIGNATURE

Please indicate the program and days that you are requesting:

Half-day Preschool: ____ T/TH ____ MWF AM ____ MWF PM ____ M-F

Full-day Preschool: ____ Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri.

Full-day Kindergarten: ____ Monday thru Friday

Early Learners : ____ half-day ____ full-day ____ Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri.

Please print out and complete this form, and mail it to the address below with your \$25 registration fee (this fee is non-refundable).

Mail form and check to:

**Slatersville Preschool
North Smithfield Commons
408 Eddie Dowling Highway
North Smithfield, RI 02896**

Please feel free to contact us if you have any questions at 401-597-5590