



## The Woods Private School

### 2 Year Olds

\_\_\_ 2 Days (T/TH) 9:00-1:00  
 \_\_\_ 2 Days (M/W) 9:00-1:00  
 \_\_\_ 3 Days (MWF) 9:00-1:00

### 3 Year Olds

\_\_\_ 2 Days (T/TH) 9:00-1:00  
 \_\_\_ 3 Days (MWF) 9:00-1:00  
 \_\_\_ 5 Days (M-F) 9:00-1:00

### Pre-Kindergarten

\_\_\_ 2 Days (T/TH) 9:00-1:00  
 \_\_\_ 3 Days (MWF) 9:00-1:00  
 \_\_\_ 5 Days (M-F) 9:00-1:00

<b>STUDENT</b>	(Last Name) _____	(First Name) _____	(Middle) _____	(Preferred name to be used at school, if different than "First Name") _____
	Phone _____	BIRTHDATE:		
	Address _____	Month _____		
	City/State/Zip _____	Day _____		
	Subdivision _____	Year _____		
Home E-mail _____	(Not Student's E-mail)		Female _____	Male _____

<b>FATHER</b>	Last Name _____	Work Phone _____
	First Name _____	Cell Phone _____
	(Only if different from student's address)	Work E-mail _____
	Address _____	Occupation _____
	City/State/Zip _____	Name of Firm _____

<b>MOTHER</b>	Last Name _____	Work Phone _____
	First Name _____	Cell Phone _____
	(Only if different from student's address)	Work E-mail _____
	Address _____	Occupation _____
	City/State/Zip _____	Name of Firm _____

**Attendance:** Date student will start: \_\_\_\_\_

Full-time Morning/Afternoon Care Required: Yes / No \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Occasional Morning/Afternoon Care Required: Yes / No \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

On the following days: \_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thur. \_\_\_\_\_ Fri.

**For office use only:**

Registration Paid: Yes / No \_\_\_\_\_ Amount \$ \_\_\_\_\_ Check # \_\_\_\_\_

Time and Date of Registration \_\_\_\_\_

Teacher Assignment \_\_\_\_\_