

**PRE-SCHOOL REGISTRATION**

**IMPORTANT! PLEASE RETURN TO BROADMOOR SCHOOL**

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Father's Work Phone

\_\_\_\_\_  
Mother's Work Phone

Child is in custody of:      Father \_\_\_\_\_ Mother \_\_\_\_\_ Both \_\_\_\_\_

**I WOULD LIKE MY CHILD TO ATTEND FULL DAYS (Please Check):**

Monday\_\_\_\_ Tuesday\_\_\_\_ Wednesday\_\_\_\_ Thursday\_\_\_\_ Friday \_\_\_\_

**OR HALF DAYS ON:**

Monday\_\_\_\_ Tuesday\_\_\_\_ Wednesday\_\_\_\_ Thursday\_\_\_\_ Friday \_\_\_\_

**I agree to pay my child's tuition, in full, each month.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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START DATE: \_\_\_\_\_

TEACHER: \_\_\_\_\_