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www.reachdevelopment.org info@reachdevelopment.org

## **REACH PRESCHOOL- NORTH DELTA - Registration Application**

Child's Name:			OOB:	male / f	emale	
Parent/Guardiar	n Name:			y		
i arciii/ Guardiai	(Mom)		(Dad)		<del></del>	
Address:						
Telephone:	(home)	(CG	ell)			
	(business) (mother)	/				
	(email)					
•	ear – September 1, 2017 to registration fee of \$20.00. I	· ·			d by a	
How did you h	ear about us: Advertiseme	ent  Webs	ite 🗌 Frie	nds $\Box$ other		
Reg. Fee Paid:	Yes□ No□ Pa	id by:	eash	ue 🗆 VISA	☐ M/C	
	SESSION PREFERENCE vailable, for more informati		il Oshrat <u>oshrat</u>	z@reachchild.or	<u>rg</u>	
Please indicate,	in order, your class preferer	nce (i.e. 1 & 2)				
	Monday, Wednesday, Frid	ay mornings,	9:00 to 11:30 a.r	m. $= $175.00$	)/month	
	Monday, Wednesday, Frida	y lunch	9:00-1:00 p.m.	=\$275.00	)/month	
	_ Tuesday, Thursday mornin	ıgs,	9:00 to 11:30 a.r	= \$130.00	)/month	
	_ Tuesday, Thursday afterno	on,	12:15 to 3:45 p.1	m. $= $130.00$	)/month	
FOR O	FOR OFFICE USE ONLY:					
	Session Confirmed:	n	new child □ r	eturning child□		
	Entered in SVDate:					
	Preschool Start Date:	$\frac{1}{m/d/y}$		m/d/y		
				parent's name		
		dress□	phone#□	email		
	☐ Do Not Add to Class Lis	st 1 <sup>st</sup> Langua	ge			