***School Year 2019-2020***



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| Check One: | * 3 yr old - 2 mornings * 3 yr old - 3 mornings   **(36 weeks = school year)** | * 4 yr old - 3 afternoons * 4 yr old - 4 afternoons   **(36 weeks = school year)** |
| Circle Days Preferred: **Mon Tues Wed Thurs** | | |
| Child’s Name: Date of Birth: | | |
| Parents/Guardian: | | |
| Street: Town: | | |
| Home Phone: Work phone:  Email: | | |
| I have read the information regarding the Integrated Preschool program. **Registration forms** – ***including records of required immunizations, a copy of the child’s birth certificate, and proof of residency will be presented to the school before my child begins. The preschool program fee will be paid as follows: (select and circle one choice)***   1. ***Total amount will be paid in full upon registration*** 2. ***Payment will be made in six installments – according to the payment schedule provided***   I will provide **transportation** and a daily snack for my child. | | |
| Please remit a nonrefundable application fee of $25.00 with this form.  **Parent/Guardian Signature: Date:** | | |
| ***Do not write below this line: For school use*** | | |
| Days: **Mon Tues Wed Thurs** | | |
| Time: | | |
| Classroom Teacher: | | |
| Amount to be Remitted: | | |
| ***Checks made out to: Town of Southington General Fund*** | | |

**Please return to:**  Catharine Goralski, Special Education Coordinator,  
Board of Education, 200 N. Main St., Southington, CT 06489