***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