



VALLEY PARENT PRESCHOOL

2012-2013 REGISTRATION FORM

Valley Parent Preschool 935 Camino Ramon Danville, CA 94526. 837-5401
www.valleyparent.org

Licensed by the State of California #073400683

Please print and return to Membership Chairperson

Child's Name _____ Birth date* _____

Address _____ Child's Gender _____

City & Zip _____ Home Phone _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

EMAIL _____

Mark one: Returning Family, \$30.00 New Family, \$50.00

PROGRAM PREFERENCE - PLEASE CIRCLE YOUR FIRST CHOICE

(Subject to Availability)

Preschool 9:00-11:30am
Age 3 by 12/31/12 and \$200/mo

Pre-Kindergarten 9:00-11:30am
Age 4 by 12/31/12 and \$250/mo

KinderPrep 12:30-3:30pm
Age 5 by 12/31/12 and \$350/mo

Mon/Wed
or
Tues/Thurs
or
No Preference

Mon/Wed/Fri
or
Tues/Thurs/Fri
or
No Preference

Mon/Tues/Wed/Thurs

Check this box if interested in **Non Co-Op option** (There is only one non co-op opening per preschool and pre-k class and tuition would increase to **double** the amounts listed above. Not available in KinderPrep.)

A non-refundable registration fee and non-refundable September's tuition payable to Valley Parent Preschool is due with this form. Please refer to our General Information Policy for additional data on tuition, fundraising, and participation requirements. It is your obligation to give a one month written notification to the Membership Chairperson if you wish to terminate your membership for any reason.

I have received and read the General Information Policy, and understand the requirements. I wish to enroll my child(ren) in Valley Parent's 2012-2013 program.

Parent Signature _____ Date _____

School Use Only

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|-----------------------------|------------------------------|-------------------------|--------------------------|
| Date Received _____ | Registration Pd _____ | Tuition Paid _____ | Parent Information _____ |
| Elig. Date _____ | Health Form Sent _____ | Emerg. Forms Ret. _____ | |
| Conf/Wait List Letter _____ | Consent Forms Sent _____ | Parent Health Ret _____ | |
| Child Health Ret _____ | Orientation Pkt Mailed _____ | | |