REGISTRATION FORM
2025-2026

Welcome! Thank you for choosing to join the **AMPS** family where your child will learn in a loving, supportive environment. Please fill out this registration form to reserve a spot for your child for the 2025-2026 academic year. Please sign and return this copy with the registration fee **($200 non-refundable)** to the school. There is a **$280** Materials Fee as well. Parents are required by Child Care Licensing to Re-register every year. Both the Registration fee and Materials fee are annual costs.

Child's Name: _____
Nickname: _____
Previous School: _____
_____
Home Address: _____
_____
_____

Child's Age:
Male: ☐ Female: ☐

Program: Full Day 8:30 – 3:00 pm ☐
Half Day 8:30 – 12:30 pm ☐
Before Care 7:30–8:30 am ☐
After Care 3:00 – 6:00 pm ☐

Parent's Name:

Address: _____
_____
Cell Phone: _____
Alt. Phone: _____
E-mail: _____

Parent's Name:

Address: _____
_____
Cell Phone: _____
Alt. Phone: _____
E-mail: _____

Has your child attended a preschool program previously? Yes ☐ No ☐

_____

What is your child's favorite activity?

_____

Does your child have any siblings? Y ☐ N ☐

Name: _____ Age: ____

Name: _____ Age: ____

Does your child have any health concerns? Allergies, Asthma etc.

DISCOUNTS OFFERED: Full tuition applies to the first child. Sibling receives a 5% discount.

I understand that the school will reserve a place for my child for the upcoming academic school year after receipt of the Registration Fee. As a courtesy, please provide written notification through E-mail prior to **July 1st** should you choose **not** to enroll your child.

Signature: Date: