

Registration Application

Date.....
Amount Paid.....
Check #.....

Status: Returning family New family

School Year Applying for: 2024/2025 2025/2026 2026/2027
(School year runs September – August)

Child Name _____ Nickname _____ Birthdate _____

Gender: Female Male Other

Parent/Guardian _____ Phone _____
Email _____ Alternative Phone _____
Address _____ City _____ Zip _____
Place of Work _____ Occupation _____

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Email _____ Alternative Phone _____
Address _____ City _____ Zip _____
Place of Work _____ Occupation _____

Program Details

Please select your preferred program time, number of days, and days of the week. A minimum of two-days a week is required for all age groups.

<u>Program Time</u>	<u>Number of Days</u>	<u>Days of the Week</u>
<input type="checkbox"/> 9:00am to 1:00pm	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> 9:00am to 3:30pm	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

Morning Care – Please select one

- I do need morning care (8:00am-9:00am) on the days my child is scheduled
- I do not need morning care

Additional Considerations – Select any that apply

- Check here if you would like to be considered for alternative days if your preferred choices are not available.
- Check here if you would like to be considered for a similar schedule at our sister school (A Child’s Garden – 2150 NE Studio Rd).

Information about the Child

Please tell us about your child: _____

Has your child been in childcare before? How was that experience?

Is there anything else you would like us to know?

How did you hear about ACG Westside Preschool?

- Word of mouth Social Media Winnie Online search
 Other _____

Parent/Guardian Signature _____ Date _____

Please fill out this form completely and submit with the \$50 Registration Application fee (make checks out to *ACG Westside Preschool*) to:

ACG Westside Preschool
P.O. Box 5711
Bend, OR 97708

If you have questions, please contact Ms. Anna by phone (541-848-8821) or email at acg.westside@gmail.com.

Please note that applications are processed on a first-come, first-served basis, and while we do our best to accommodate all schedule requests, we cannot guarantee you will receive your first choice.

ACG Westside Preschool does not discriminate on the basis of race, color, creed, physical handicap, national or ethnic origins, in administration of its admissions policies or school programs.