



## Registration Application ~ Midtown School

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 \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Phone \_\_\_\_\_

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. The Younger Toddler and Older Toddler/Preschool programs (for children 1 – 3 yrs old) require a minimum of 2 days a week, and the Pre-Kindergarten/Kindergarten program (for children 4 – 6 yrs old) requires a minimum of 3 days per week.

#### Program Time

#### Number of Days

#### Days of the Week

9:00am to 1:00pm

2  3  4  5

M  Tu  W  Th  F

9:00am to 3:30pm

2  3  4  5

M  Tu  W  Th  F

9:00am to 5:30pm

2  3  4  5

M  Tu  W  Th  F

#### Morning Care – Please select one

I do need morning care (7:45am-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 (Westside Preschool – 61980 Skyline Ranch 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 A Child's Garden?

- 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 (checks can be made out to *A Child's Garden*):

A Child's Garden LLC  
2150 NE Studio Rd, A1  
Bend, OR 97701

If you have questions, please contact Ms. Anna by phone (541-848-8821) or email at [achildsgarden.anna@gmail.com](mailto:achildsgarden.anna@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.*

*A Child's Garden 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.*