

Number: _____

Date: _____

September 2012 - June 2013

PREKINDERGARTEN REGISTRATION FORM

SOMERSET ACADEMY

3333 COOLIDGE ROAD
TROY, MI 48084
(248) 643-8404

Name of Child _____ Date of Birth ____/____/____
Last First (Nickname) Mo. Day Year

Address _____ Home Phone _____

City Zip Sex: BOY GIRL

Mother _____ Work Phone _____ Cell# _____

Father _____ Work Phone _____ Cell# _____

Email _____ (to be used for school purposes only)

For your child's well-being, please list any serious allergies or health conditions on the line below:

Returning or New Family (circle one) Referred By: _____

SCHEDULE INFORMATION: Indicate your choice by placing an (X) in the appropriate box.
Please provide a schedule for both your first and second choices.

First Choice:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning 9:00am-12:00pm					
Lunch 12:00pm-12:30pm					
Afternoon 1:00pm-4:00pm					

Second Choice:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Morning 9:00am-12:00pm					
Lunch 12:00pm-12:30pm					
Afternoon 1:00pm-4:00pm					

PLEASE RETURN THIS FORM WITH AN **\$80.00 NON-REFUNDABLE REGISTRATION FEE** PER FAMILY.

SIGNED _____ DATE _____

FOR OFFICE USE ONLY:

REG.AMT.PD. _____ CHECK# _____ DATE _____ CLASS PLACEMENT _____

BEGINNING DATE _____ TOTAL TUITION _____ MONTHLY TUITION _____

WAITING LIST _____ DATE _____ CALLED _____

AGE AS OF 9-4-12 _____ CONFIRMATION LTR _____ TUITION LTR _____