



MAPLE HILL PRESCHOOL APPLICATION FORM

(Please mail with registration fee; \$60.00, payable to MHPS)

Child's Full Name _____ Sex _____ DOB _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Email _____

Father _____ Occupation _____

Business Address _____ Phone _____

Mother _____ Occupation _____

Business Address _____ Phone _____

Parents are: Married and Living Together _____ Divorced _____ Separated _____

Siblings Names _____ DOB _____

_____ DOB _____

_____ DOB _____

Please mark the class in which you would like to enroll your child. Please note that indicating your preference does not guarantee placement in that class.

_____ Class I (3 yr. old T/Th am) _____ Option A (4 yr. old M/W/F am only)

_____ Option B (4 yr. old M/W/F am & T/Th pm)

The \$60.00 registration fee (non-refundable) must accompany this form. Please make checks payable to Maple Hill Preschool and send to the following address:

**Maple Hill Preschool
Chair of Registration
35 Boltwood Avenue
Castleton, NY 12033**

I have read the registration packet and understand the services to be provided by the Preschool and my obligation as a parent to the Preschool including timely payment of tuition and participation in the program. I understand that non-payment of tuition may result in dismissal.

Parent/Guardian Signature _____ Date _____