



For MHPS Only:  
Date Enrolled: \_\_\_\_\_  
Amount Paid: \_\_\_\_\_  
Cash/ Check #: \_\_\_\_\_  
Venmo: \_\_\_\_\_

# REGISTRATION FORM

**Please mark the class in which you would like to enroll your child:**

\_\_\_\_\_ Three Year Old Class: T/Th morning

\_\_\_\_\_ Four Year Old Class: M/W/F morning only

\_\_\_\_\_ Four Year Old Class Plus Supplemental Class: mark if interested  
M/W/F and T/Th afternoon (only offered based on demand)

Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Name of Primary Parent/ Guardian \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

*\*Please note this will be the primary contact information for preschool communications\**

Name of Parent/ Guardian \_\_\_\_\_ Occupation \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Primary Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Additional Children You Wish To Enroll:

Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Enroll in the same class selection: \_\_\_ Yes \_\_\_ No: Please indicate which class \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Enroll in the same class selection: \_\_\_ Yes \_\_\_ No: Please indicate which class \_\_\_\_\_

## Declaration of Understanding: Please initial each box

\_\_\_\_\_ I understand that Maple Hill Preschool is a parent cooperative which requires every family to participate on a rotation as the "Room Parent".

\_\_\_\_\_ I understand that as a parent cooperative, each family's volunteerism is mission critical to the success and continuation of the preschool.

\_\_\_\_\_ I understand that fundraising allows the preschool to offer affordable tuition for all. As a result, each family holds the responsibility for a set fundraising goal. Each family may choose to participate in the fundraising or buyout the goal.

To finalize your preschool registration, please submit this form along with a non-refundable \$60.00 registration fee. The registration fee can be paid through check, cash, or Venmo @maplehillpreschool. Please be aware that this application will only be considered complete upon receipt of the registration fee.

Forms will be processed in the order in which they are fully completed. It's important to note that completing this form does not guarantee placement. The Chair of Registration will be in touch regarding your placement and provide information on the next steps.

In the event that a classroom reaches full capacity, a wait-list will be established based on the order of fully completed applications received thereafter. Kindly submit this form via email regchair@maplehillpreschool.org or mail. Checks should be made payable to Maple Hill Preschool and can be deposited into the Treasurer's lockbox or mailed to Maple Hill Preschool, Attn: Chair of Registration, 35 Boltwood Ave, Castleton, NY 12033.

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

Date \_\_\_\_\_