



**Continuing Student Fall Registration Form
2010-2011 School Year**

My child _____ will be attending the Children’s House of Weld County: Montessori beginning in September 2010.

My child will be participating in the following programs (select one):

Preschool	Pre-Kindergarten	Kindergarten
<input type="checkbox"/> Half Day (8:30 – 11:30) <input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day (8:30 – 11:30) * <input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day (8:30 – 11:30) * <input type="checkbox"/> Full Day

My Preschool child will be attending the following days of the week:

Monday | Tuesday | Wednesday | Thursday | Friday

* If your child is in Pre-Kindergarten or Kindergarten, enrollment for all 5 days is required.

I have enclosed a \$50.00 registration fee for each child to cover registration expenses for Preschool, Pre-Kindergarten, or Kindergarten for the 2010-2011 school year. All registration fees are non-refundable.

Signature of Parent or Legal Guardian

Date

Please return this form by March 1, 2010 to ensure your child(ren) a space in our program for the fall. All academic classes will begin September 1, 2010.