



PRESCHOOL CLASS SELECTION FORM

FAMILY NAME: _____

PRE-SCHOOL STUDENT NAME: _____

Please **select session** you would prefer and then **rank sections** in order of preference:

<u>Three Year Preschool</u>	<u>Four Year Preschool</u>
<input type="checkbox"/> Two Half Day Session-9:00-11:30 — T/H section	<input type="checkbox"/> Three Half Day Session-9:00-11:30
<input type="checkbox"/> Three Half Day Session-9:00-11:30 — T/W/H section	<input type="checkbox"/> Three Full Day Session-9:00-3:00 — M/W/F section — T/W/H section
<input type="checkbox"/> I would like an afternoon class if it becomes available	<input type="checkbox"/> Five half day program-9:00-11:30
 	<input type="checkbox"/> Five Full Day Session-9:00-3:00

*additional classes will be added based on enrollment.

We will try to accommodate your preference; however class assignments will be determined by number of registrants and the order in which registration forms are received. We will notify you as soon as possible as classes are assigned.

Has your child participated in the DART Program? Yes No

The following documents are required before the start of the school year for registration to be complete:

- ✓ Copy of the Birth Certificate
- ✓ Copy of the Immunization Record