



Pre Registration Form

Today's Date:	Date Visited 3,4:
Anticipated Enrollment Date:	Child's Birth Date:
Child's Name:	Parent's Name:
Parent's Name:	Home Phone:
Cell Phone:	Email(s):
Home Address (Street, Town, State, Zip):	

Has your child ever received services public or private? YES NO

If yes, please circle all applicable: Speech and Language OT PT Other (please specify including name and location): _____

Has your child ever had a formal evaluation or an IEP? If so please elaborate:

Are there any concerns you have that we should be aware of?

Please Select a Program by Marking Preferred Days Below

Twos (3 or 5 Days)	9am to 12pm	Mon	Tue	Wed	Thu	Fri
Optional Lunch Bunch	12pm to 1:30pm	Mon	Tue	Wed	Thu	Fri
Optional Extend to All Day	8am to 5:30pm	Mon	Tue	Wed	Thu	Fri
Threes (5 Days)	9am to 1:30pm	Mon - Fri				
Optional Extend to All Day	8am to 5:30pm	Mon - Fri				
Fours (5 Days)	9am to 1:30pm	Mon - Fri				
Optional Extend to All Day	8am to 5:30pm	Mon - Fri				
Fives (5 Days)	8:45am to 1:30pm	Mon - Fri				
Optional Extend to All Day	8am to 5:30pm	Mon - Fri				
Kindergarten (5 Days)	8:45am to 2pm	Mon - Fri				
Optional Extend to All Day	8am to 5:30pm	Mon - Fri				

By signing below I affirm that I understand that the full amount of my deposit installment, submitted with this pre-registration form to hold a spot in a Three Four Open The Door program for my child, is non-refundable whether I complete my child's enrollment in the program or not.

Signature

Date