



# 2019- 2020 Preschool Registration Form (Form must be completed in full)

## Student Information

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Priority Phone Number \_\_\_\_\_  **We are new to Benchmark**  
(Place X in Box)

## Age Level Entering (9:00—12:00)

\_\_\_\_\_ 3 year old Monday - Friday

\_\_\_\_\_ 4 year old Monday - Friday

We will be using: Morning Care \_\_\_\_\_ Nooncats \_\_\_\_\_ Aftercare \_\_\_\_\_  
7:00-9:00 12:00-3:00 3:00-5:00

## Family Information

**Mother's Name** \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Work # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ Home# ( ) \_\_\_\_\_

Employer \_\_\_\_\_

**Father's Name** \_\_\_\_\_ e-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Work # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_ Home# ( ) \_\_\_\_\_

Employer \_\_\_\_\_

Other Siblings (living in your household):

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to student \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to student \_\_\_\_\_

How did you hear about Benchmark School ? \_\_\_\_\_

Have you toured Benchmark School? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child require any physical accomodations? \_\_\_\_\_

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

There is a non-refundable \$100.00 registration fee payable at time of registration.

\_\_\_\_\_ *For Office Use Only* \_\_\_\_\_

Date Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_