

THOMPSON VALLEY PRESCHOOL, INC.

803 E. 16th St. Loveland, CO 80538 970.667.6552 www.thompsonvalleypreschool.org

2024 – 2025 REGISTRATION FORM PRE-KINDERGARTEN (4-5 yrs)

TURN IN YOUR REGISTRATION FORM AND FEE ASAP TO RESERVE A SPOT or BE PUT ON A WAIT LIST

Today's Date: _____ REGISTRATION FEE - \$70/\$90 fam. (Non-refundable)

Name of Child _____ Male ____ Female ____

Date of Birth _____ Age ____ First name for recognition and print at school _____

Child's Primary residence with: Mother ____ Father ____
Race/Ethnicity: (circle) • Caucasian • Hispanic • African American • Native American • Asian • Other

Parent Information:

Father's or Guardian's name _____

Address _____ City _____ Zip Code _____

Phone _____ Home or Cell (Circle one)

Place of Employment _____ Work Phone _____

Address _____

Mother's or Guardian's name _____

Address _____ City _____ Zip Code _____

Phone _____ Home or Cell (Circle one)

Place of Employment _____ Work Phone _____

Address _____

Main email contact: _____

Financial Information: Gross Household Income _____ (TVP needs this information for demographic purposes only)

Class preference:

Pre-Kindergarten:

Option 1: Mon/Wed AM 8:30am – 2:00pm ____ (bring a lunch)

Option 2: Tues/Thurs PM 12:30pm – 3:15pm **WITH** Fri 8:30am – 2:00pm ____ (bring a lunch on Fri.)

Office Use Only

Date _____ Registration fee: CK # _____ OR Cash _____ Init. _____