

THOMPSON VALLEY PRESCHOOL, INC.

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

2024 – 2025 REGISTRATION FORM PRESCHOOL 3-4 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: Families who wish to apply for tuition assistance must complete the attached application and submit documentation of Combined Gross Household Income.

I will **NOT** be applying for Tuition Assistance. Initial: _____

Class preference:

Preschool (3-4 yrs) T/TH AM 8:45 – 11:15AM ____

Office Use Only

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