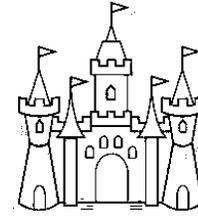


Karen's Castle Day School Registration

Toddler, Nursery & Pre-K Programs Registration Form

Child's Full Name: _____



Please put an X on the days you would like to register your child.
Leave the other boxes blank.

Please Circle the year your child will be entering Kindergarten

Year Entering Kindergarten	2025	2026	2027	2028	2029
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2 Days / 3 Days / 4 Days / 5 Days Per Week					
Program	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 AM – 4:30 PM					
Extra Hours	Monday	Tuesday	Wednesday	Thursday	Friday
7:30 AM Drop Off					
8:00 AM Drop Off					
5:00 PM Pick Up					
5:30 PM Pick Up					

Parents Full Name (print): _____

Amount Enclosed: \$ _____

Parents Signature: _____

Date: _____

Please fill out this form completely and submit with your payment of \$300 for the Registration, Materials & Workbook Fees

****ALL FEES AND TUITION ARE NON-REFUNDABLE****

