1910 Sycamore View Road Memphis, TN 38135

Parent/Guardian Signature



Sycamore View Preschool REGISTRATION 20__/20__

			CL A	ASSES - Plea	se selec	t preference	
Name: (Last)	(First)		CL	13323 - 1 160	se selec	i preference	
Preferred Name:				Monkeys -	\$235/mor	nth	
				(Age 9 mo b		, 2024)	
Address:	City & Zip:			Tuesday & TI 9:30 AM - 2:3	-		
Age as of Aug 15, 2024 [Date of Birth:/	M F			A C	75 / JI	
				(Age 15 mo b	•		
Known Allergies				Tuesday & TI		5, 2024)	
Known Allergies:				9:30 AM - 2:3	•		
_	your child recieve any intervention se	rvices:?					
Please explain:				Llamas - \$3	•		
				(Age 2 by Au Tuesday, We			
				9:30 AM - 2:3		norodag	
Has your child attended preschool k	pefore: YES NO						
If so. When/Where:				Jolly Giraffe	es - \$335/	month	
				(Age 3 by Au	gust 15, 202	24)	
_				Tuesday, We	-	hursday	
Par	ent Information			9:30 AM - 2:3	0 PM		
Child lives with: Mother Fo	other:			Tigers & Fr	oggu Four	s - \$335/month	
				(Age 4 by Au			
Parent Name:	Cell #			Tuesday, We	-		
				9:30 AM - 2:3	0 PM		
Parent Name:	Cell #						
D:					Before Care - 8:30 AM - 9:30 AM		
Primary Email:				2 days (Tues/Thurs) - \$55/month 3 days (Tues/Wed/Thurs) - \$80/month			
Emergency Name/Contact:				3 dags (10cs,	, wed, mo	3) \$607111011111	
				After Care -	- 2:30 PM ·	· 3:30 PM	
				2 days (Tues			
	w Preschool. By signing this form, I under			3 days (Tues	/Wed/Thu	rs) - \$80/month	
	and must be paid to secure my child's spo ue on the 1st day of each month (Aug - Mo	-		nd for illness i	nclomont	woathor	
	no reimbursements or refunds from Sycar						
	age to attend Sycamore View Preschool.	10.0 1.011 1.000.10		Traditional and	** O		
Please return this form and registration	fee to the office or email registration form	n to jdavenport@s	sycamorev	/iew.org.			
Welcome to the Sycamore	e View Preschool Family!	Office Use	e Only:	ly:			
		Cash	С	heck #		Brightwhee	
Parent/Guardian Sianature	Date	Date Rec'o	d:	Plac	cement:		

Date