

## Anona Child Development Center 13233 Indian Rocks Road, Largo, Florida 33774 727-593-KIDS <u>www.anona.com</u> <u>Lic. #C720502</u>

## PRESCHOOL STUDENT REGISTRATION FORM

**School Year: 2024/2025** 

Child's Name:				Full Day is 7:15 AM to 5:45 PM Full Day is a 12 month program.  Parent(s) Name:			
				Work Phor	ne #:		_
Email Address:				Cell Phone #: Child's Age on 9/1/24:			
1 year olds:	5 Full Day:						
2 year olds:	2 Half Day (TH-F): 2 Full Day (TH-F):			3 Half Day (M-T-W): 5 Half day: 3 Full Day (M-T-W): 5 Full day:			
3 year olds:	2 Half Day (TH-			3 Half Day (M-T-W)		5 Half day:	
	2 Full Day (TH-F	:):		3 Full Day (M-T-W):		5 Full Day:	
4 year olds:						5 Half Day: 5 Full Day:	
reservation. These for Annual Non-refunda  Half Day \$150.00  Full Day \$180.00  Payment of the non-rour preschool for the	ble Fee: ) 0 o refundable fee ar	nd com	-	his required Student F	Registration F	orm reserves your child's placer	ment in
·	·	•		1634 344 3 3 4			
Does your child have Are allergies life thre	_	Yes	No No			organize Cara Form with the Dir	
Does your child have asthma?		Yes	No No	If Yes, you must complete an <b>Emergency Care Form</b> with the Director.  If Yes, you must complete an <b>Emergency Care Form</b> with the Director.			
Are there any behavi			-	• •	•	ergency care form with the bill	
Is there any court ord If yes, please provide	_			nt and/or student rec	ords?	Yes No	
potty learning has be Potty Learned. (An a	en successfully a dditional weekly	ccomp fee is o	lished, in a charged for	manner that meets ou those children not yet	ur criteria. All t Potty Learne	eft to the teacher's discretion as l other classes require the child ed.)	to be
Parent Signature:						Date:	
For Office Use: Pd Amount: Received court order	Date: _				Cash:	Initials:	
S:\Registration\Student Regist		.docx					