

**Registration form**

**SIMSBURY PRE-SCHOOL**  
**At**  
**TOOTIN' HILLS SCHOOL & CENTRAL SCHOOL**  
**155 FIRETOWN ROAD**  
**SIMSBURY, CT 06070**  
**2010-2011**

Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Registration Date \_\_\_\_\_

Child's Resident Address \_\_\_\_\_ Birthdate \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ School to Attend \_\_\_\_\_

Name of Nearest Neighbor \_\_\_\_\_ Telephone \_\_\_\_\_  
(in case of an emergency when parent is not available)

Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Name of Company \_\_\_\_\_

Father's Email Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Name of Company \_\_\_\_\_

Mother's Email Address \_\_\_\_\_

Check the following. The child lives with:

\_\_\_ both parents                      \_\_\_ step-parent: Name \_\_\_\_\_  
\_\_\_ father                              \_\_\_ guardian: Name \_\_\_\_\_  
\_\_\_ mother

Brothers: Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sisters: Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other members of Household (grandparents, aunts, uncles, etc.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

DCEPRES#16 11/18/09

**REGISTRATION FORMS FOR PRESENT & ALUMNI PARENTS WILL NOT BE  
ACCEPTED UNTIL 12/3/2009 EITHER BY WALK-IN'S (7:30AM) OR MAIL.**

Previous School (Including Nursery School)

Name of School \_\_\_\_\_ Location \_\_\_\_\_

Number of years in School \_\_\_\_\_ Sibling attended Simsbury Preschool \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

U.S. Citizen \_\_\_\_\_ Other \_\_\_\_\_ Immigration Status \_\_\_\_\_

Are there any other things you would like us to know about your child? (See below)

Physical/Health (speech, allergies, vision etc.) \_\_\_\_\_

Social/Emotional (shyness, fears etc.) \_\_\_\_\_

Special Interests \_\_\_\_\_

Other \_\_\_\_\_

To qualify for the 3-year-old class the child must be 3 as of December 31st. To qualify for the 4 year old class the child must be 4 as of December 31st.

\_\_\_\_\_ A registration fee of \$25 was received for new students only.

\_\_\_\_\_ A \$100 deposit was received from any student wishing to hold a spot in the coming school year.

**CHILDREN MUST BE TOILET TRAINED BEFORE ENTERING THE PROGRAM.**

The following programs are available. Please check your program preference, check desired school, and check first and second choice. The DCE will make all efforts to satisfy your requests.

**\_\_\_ TOOTIN' HILLS SCHOOL**

**Morning Classes:**

PST-14 \_\_\_ 3'S MWF 8:30-11

PST-15 \_\_\_ 4'S T-F 8:30-11

**Mid-Day Classes:**

PST-16 \_\_\_ 4/4+'S M-F 12-2:30

PST-16A \_\_\_ 4/4+'S T-F 12-2:30

\*PST-17 \_\_\_ 4/4+'S T-F 8:30-2:30

LBT-1 \_\_\_ 4/4+'S T-F 11-12N

\*PST-17 (Students in this program will participate in both PST-15 & PST-16A. From 11-12N these students will participate in LBT-1 having a lunch and rest period.)

**\_\_\_ CENTRAL SCHOOL**

**Morning Classes:**

PSC-18 \_\_\_ 3'S T+R 8:45-11:15

PSC-18A \_\_\_ 3'S TRF 8:45-11:15

PSC-19 \_\_\_ 3'S MWF 8:45-11:15

PSC-20 \_\_\_ 4'S M-R 8:55-11:25

**Mid-Day Classes:**

PSC-21 \_\_\_ 4'S MWF 11:50-2:20

PSC-21A \_\_\_ 4'S T-F 11:50-2:20

PSC-21B \_\_\_ 4'S M-F 11:50-2:20

PSC-22 \_\_\_ 4'S M-R 11:45-2:15

PSC-22A \_\_\_ 4'S M-F 11:45-2:15

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Simsbury Preschool  
Department of Continuing Education  
155 Firetown Road  
Simsbury, CT 06070