



Registration Application ~ Midtown School

Status: Returning family New family

School Year Applying for: 2024/2025 2025/2026 2026/2027
(School year runs September – August)

Child's Name _____ Nickname _____

Birthdate _____ Gender: Female Male Other

Sibling(s) Names and Ages: _____

Parent/Guardian _____ () Phone _____
Email _____ Preferred contact method _____
Address _____ City _____ Zip _____
Place of Work _____ Occupation _____

Parent/Guardian _____ () Phone _____
Email _____ Preferred contact method _____
Address _____ City _____ Zip _____
Place of Work _____ Occupation _____

Program Details

Please select your preferred program time, number of days, and days of the week. The Younger Toddler and Older Toddler/Preschool programs (for children 1 – 3 yrs old) require a minimum of 2 days a week, and the Pre-Kindergarten/Kindergarten program (for children 4 – 6 yrs old) requires a minimum of 3 days per week.

<u>Program Time</u>	<u>Number of Days</u>	<u>Days of the Week</u>
<input type="checkbox"/> 9:00am to 1:00pm	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> 9:00am to 3:30pm	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F
<input type="checkbox"/> 9:00am to 5:30pm	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

Morning Care – Please select one

- I do need morning care (7:45am-9:00am) on the days my child is scheduled
- I do not need morning care

Additional Considerations – Select any that apply

- Check here if would you like to be considered for alternative days if your preferred choices are not available.
- Check here if would you like to be considered for a similar schedule at our sister school (Westside Preschool – 61980 Skyline Ranch Rd)



Information about the Child

Please tell us about your child: _____

Has your child been in childcare before? How was that experience?

Is there anything else you would like us to know?

How did you hear about A Child's Garden?

- Word of mouth Social Media Winnie Online search
- Other _____

Parent/Guardian Signature _____ Date _____

Please fill out this form completely and submit with the \$50 Registration Application fee by mail or directly to our school location (2150 NE Studio Rd. #A1 Bend, OR 97701). **Please make sure to write the child's name in the "Memo" section** of either your check or Zelle payment. Select your payment method below, this payment is non-refundable:

- Cash (please do not mail cash)
- Check (made out to *A Child's Garden*)
- Zelle (pay to achildsgarden.anna@gmail.com)

If you have questions, please contact Ms. Anna by phone (541-848-8821) or email at achildsgarden.anna@gmail.com.

Please note that applications are processed on a first-come, first-served basis, and while we do our best to accommodate all schedule requests, we cannot guarantee you will receive your first choice.

A Child's Garden does not discriminate on the basis of race, color, creed, physical handicap, national or ethnic origins, in administration of its admissions policies or school programs.