

REGISTRATION OF INTEREST IN PLACEMENT AT SHADY LANE SCHOOL

I am interested in enrolling my child in the Shady Lane School five-day program. I understand that I must pay a non-refundable \$25 fee to register this intent. Checks may be made payable to Shady Lane.

PLEASE PRINT THE FOLLOWING INFORMATION			
Child's name (Last, First)	Birth Date (mm/dd/yy)	Gender	
Street Address			
City	State	Zip	
Parent/Guardian's Name (#1)	Work Phone	Cell Phone	Home Phone
Parent/Guardian's Name (#2)	Work Phone	Cell Phone	Home Phone
Parent/Guardian #1 Email Address	Parent/Guardian #2 Email Address		
DESIRED PLACEMENT FOR YOUR C	HILD		
Infant	Young Toddler	Toddler	Preschool
	ust be 1 by September 1)		
Half Day (7:30 – 12:30) (Toddler & Preschool only) Enrollment Preference:			ded Day (7:30 – 6:00)
Does your child receive any outsid			
Has your child been enrolled in scl If yes, where? Do you receive funding from ELRC	Reas	No on for leaving?	
Name of siblings or parents (if any) who are attending or ha	ve attended Shady Lane School:	
How did you hear about Shady La	ane	For Office Use Onl	у
	Date F	Received:Check/Rece	eipt #:
☐ Friend	Confir	mation sent:Initials	
☐ Shady Lane website ☐ NAEYC website	Comin	mation sentiffilials	·
Other:	Entere	ed:Initials	:

Nondiscrimination Statement: Admission, the provision of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, (including English proficiency), age, or sex. Program services shall be made accessible to eligible individuals with disabilities through the most practical and economically feasible methods available. A complete copy of this statement is available from the school upon request.