

NEW STUDENT

2024-2025 Registration



Name of Child: _____

Birthdate of Child: _____ (X) Male: _____ Female: _____

Parent(s) Name: _____

Address: _____

Email address: _____

Home Telephone: _____

Cell: _____ Work: _____

School District: _____

Previous School Experience _____

Program Enrollment (indicate with X)

- | | |
|--|------------------|
| _____ Four-year-old M,W,F Pre-kindergarten Program | 9:00-11:45 am |
| _____ Four-year-old M,W,F Pre-K Program | 9:00 am -1:00 pm |
| _____ Full-day 4/5-year-old M,W,F Program | 9:00 am -3:00 pm |
| ***** | |
| _____ Three-year-old T, TH Program | 9:00-11:45 am |
| _____ Three-year-old T, TH Program | 9:00 am-1:00 pm |
| _____ Full-day Three-year-old T, TH Program | 9:00 am- 3:00 pm |

Please send completed registration form and \$30 registration fee in the form of a personal check made payable to Happy Heart to reserve your child's placement in the September 2024 program. Send completed registrations to:

Happy Heart Preschool & Kindergarten
1445B E Main Street,
Douglassville, PA 19518
610-385-3733
www.happyheartelc.com