



JORDAN CHILD DEVELOPMENT CENTER

Kauri Sue Hamilton School

2827 W. 13400 S., Riverton, UT 84065 - phone 801-567-8510, fax 801-567-8523

2016-17 School Year

INTEGRATED PRESCHOOL REGISTRATION FORM

Student_____ DOB_____ Gender:_____ Race_____

Parents_____ email address_____

Address_____ City_____ Zip_____

Home phone_____ Mom cell_____ Dad cell_____

Boundary school_____ Please provide the following documents:

- Immunization Record (copy)
- Birth Certificate (copy)
- Policy Letter Signed
- Registration Fee - \$20.00 (Non-refundable) (No fee for returning student)

Please list medical concerns, if any:_____

How did you find out about our program?_____

School you are interested in:_____ Teacher request_____

Day and Time Request: ****Dependent upon class size & availability**

- 3 year old program \$70 per month Monday/Wednesday_____ Tuesday/Thursday_____
- 4 year old program \$95 per month 3 days per week_____ ****Days are per teacher placement**
- Class time preference AM Class (9:00 am – 11:30 am)_____ PM Class (12:00 pm – 2:30 pm)_____

OFFICE USE ONLY

Registration Received_____ Paid Fee/tuition_____

Classroom Placement_____