

UCCC PRESCHOOL REGISTRATION FORM

If you have questions or need additional information, call the school @ 406-531-8222, or email the preschool at preschool@uccmsla.org. If teachers are with children, you may be asked to leave a message and receive a call back.

**Please refer to “Registration Information & Instructions” pages
when filling out this form.**

Child

| First Name | Last Name | Birth date | Gender |
|------------|-----------|------------|--------|
| | | | |

Parent/Guardian Information

| First Name | Last Name | Telephone (Home / Cell) |
|------------------|-----------|-------------------------|
| | | |
| Email: | | |
| Address (w zip): | | |

| First Name | Last Name | Telephone (Home / Cell) |
|------------------|-----------|-------------------------|
| | | |
| Email: | | |
| Address (w zip): | | |

Preschool Preference Information

| | | |
|--|-------------------|-------------------|
| Age Group: 3/4 or 4/5 | | |
| Class Preference: (M/W/F or T/Th) | 1 st : | 2 nd : |
| <input type="checkbox"/> (check if applicable) I am sending in registration forms for <u>more than one child</u> in my family. If yes, see options below. | | |
| <input type="checkbox"/> Place children in <u>same</u> class and/or if attending different age-group class, on <u>same</u> day. | | |
| <input type="checkbox"/> It's OK to place my children in <u>different classes/different days</u> . | | |

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| <i>For UCCC Registrar Use</i> Date Received: _____ Date Added to Class Roll: _____ Date Contacted (message or in-person): _____ Date Return Call: _____ Deposit Received?: _____ Deposit Returned: _____ |
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