

CEDAR MOUNTAIN SCHOOL READINESS PRESCHOOL

REGISTRATION
FORM
2024-25

3 YEAR
OLD

Child must be 3 by September 1.

Male Female

Child's First and Last Name

Child's DOB

Month Day Year

3 Half Days per Week
8:30 - 11:00 am

PERSONAL INFORMATION

1. Parent/Guardian Name _____

1. Parent/Guardian Cell

:

2. Parent/Guardian Name _____

2. Parent/Guardian Cell

Physical Address _____

Mailing Address _____

if different than physical

Child Resides with Mother Father Both Other _____

please list

E-Mail

List others living in the home. Please include DOB's for any children. _____

Does your child attend daycare Yes No

If yes, please include provider's name, address and phone number _____

FEES & COST

*Scholarships are available to
those who qualify.*

\$25 Non-Refundable Registration Fee

Due when registration form is returned)

\$85 per month 3 Half Days (M,W,F) billed monthly

QUESTIONS?

Julia Garms

CM Elem. Dean of Students
507-557-2251 or jgarms@cedarmt.org

Sarah Sullivan - Teacher
ssullivan@cedarmt.org

Rachel Krenz - Teacher
rkrenz@cedarmt.org

Return registration forms to your child's teacher or mail to: CM Elementary, PO Box 38, Franklin, MN 55333