

# Cedar Mountain

Cougar Kids Form  
2024 - 25

3 year old

child must be 3 by September 1

☐

Male

☐

Female

Child's First and Last Name

Child's DOB

3 Half Days per Week

Monday, Wednesday, Friday

8:30-11:00am

## Personal Information

1. Parent/ Guardian Name

---

1. Parent/ Guardian Cell

2. Parent/ Guardian Name

---

2. Parent/ Guardian Cell

Physical Address

---

Mailing Address

---

Child Resides with

Mother

Father

Both

Other

---

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 3 Half Days (M, W, F) billed monthly

## Questions?

Julia Garms

CM Elem. Dean of Students

507-557-2251 or [jgarms@cedarmt.org](mailto:jgarms@cedarmt.org)

Sam Seifert

[saseifert@cedarmt.org](mailto:saseifert@cedarmt.org)

Return registration form to your child's teacher or mail to: CM Elementary School, P.O Box 38, Franklin , MN 55333