

Date: _____

Time: _____

**Pre-Application for Putnam County School District
Voluntary Pre-K Program**

2018-2019

birth certificate _____
proof of res. _____

This is not an enrollment form .

Child's name:		Child's date of birth:	
Parent/Guardian name:	Daytime telephone #:	Home telephone #:	
Mailing address:			
City:	State:	Zip:	

Does your child have any special needs? _____

****All children must be toilet trained. -- NO EXCEPTIONS**

Voluntary Pre-K Attendance Policy Please Initial after reading

Attendance requirements

Verify and sign your child's attendance each month at the school. _____

Pre-k Fees are \$180.00/month. These must be paid on time and every month.
Delinquent accounts may bring dismissal from the Pre-K Program.

_____ Your child must arrive on time to the classroom. If your child will be arriving after 9:00 a written note or doctors note is required upon arrival.

_____ If your child is going to be late or absent, it is your job to let the teacher know. Children that miss more than 3 days a month may be dismissed from the program.

I understand and agree to the terms of the Voluntary Pre-K attendance policy.

Parent Signature

Date