



COLLEGE OF SOUTHERN IDAHO

Kindergarten Lab School

Registration Form



DATE: _____

School Year to Attend: _____

Full Day 8-3
 Half Day 8-11
 Half Day 12-3

Registration Fee: \$150.00 per child per school year
Full-Day Program: \$400 per month or \$3600 per school year
Half-Day Program: \$250 per month or \$2250 per school year

***Payment of Registration Fee is required to hold your child's spot.**

Child's Name _____ Sex _____ Birth Date _____

Last
First
Middle
M/F
Month-Day-Year

Home Address _____

Street/Box#
City
State
Zip

Phone: _____

Parent's Name _____

Home Address _____

Street/Box#
City
State
Zip

Email: _____

Phone: _____

Parent's Name _____

Home Address _____

Street/Box#
City
State
Zip

Email: _____

Phone: _____

Language spoken at home _____

SPECIAL NEEDS:

Does your child have any physical limitations or special needs? Yes _____ No _____

If yes, please explain: