Town of Windsor
CALIFORNIA

## Town of Windsor Parks & Recreation

# Preschool Registration Form 2026-27

**Child Information**

Child's First Name:_____ Last Name:_____Gender: ☐M ☐F DOB:_____

**Program Selection** *Select Only One Option*

**Montessori in Motion** (Ages 3-5 yrs)
**Potty training required**
**9:00AM – 1:00 PM**
☐Tuesday, Wednesday & Thursday

**Kinderclub** (Ages 3-5 yrs)
**Potty training required**
**9:00AM – 12:00 PM**
☐Monday & Wednesday
☐Tuesday & Thursday
☐Monday - Thursday

**Children's Circle (**Ages 2.5-3+ yrs)
**Potty training NOT required**
**9:00AM – 12:00 PM**
☐Monday & Wednesday
☐Tuesday & Thursday
☐Monday - Thursday

**Primary Caregiver #1 Information**

First Name:_____Last Name:_____ Gender:☐M ☐F DOB:_____

Primary Phone #:_____ Secondary Phone #:_____

☐Mobile ☐Home ☐Work ☐Mobile ☐Home ☐Work

Email: _____

Occupation/Title:_____

**Address**

Street:_____City:_____Zip Code:_____

**Primary Caregiver #2 Information**

First Name:_____Last Name:_____ Gender:☐M ☐F DOB:_____

Primary Phone #:_____ Secondary Phone #:_____

☐Mobile ☐Home ☐Work ☐Mobile ☐Home ☐Work

Email: _____

Occupation/Title:_____

**Address** ☐Check box if same as Caregiver #1

Street:_____City:_____Zip Code:_____

The statement below is to authorize the Town of Windsor's Parks & Recreation Department to automatically charge your credit or bank card for an initial deposit on your child's preschool payment.

I_____ hereby authorize the Town of Windsor to schedule my child's preschool deposit to be automatically charged to my credit card or debit card upon acceptance into the program**. I understand that a $75 non-refundable deposit is required, per session, to complete my child's registration.** This deposit holds my child's spot until the first months tuition is due on July 15, 2026. If payment is not received, I understand that my child's spot is no longer held.

I agree that I will notify the Town of Windsor within 15 days of any changes to my credit card number or expiration date.

The charge will appear on your credit card statement as "Town of Windsor CNP."

_____ _____ _____

Primary Caregiver Printed Full Name Signature Date