

## CANYONS EARLY CHILDHOOD PROGRAM PRESCHOOL TUITION REGISTRATION FORM

2025-2026 School Year

				Male
Child's First Name	Child's Last Name		Birth Date	Female
Primary Home Language Race/Ethnicity: Asian African Ameri	=		xan Native	
Parent(s) Name(s)		Email Address		Best Contact #
Address		City	Zip Code	
Please mark all schools you are i	nterested in. Circle yo	our #1 choi	ce:	
School Preference:  Bella V  Jordan  Oakdal  Peruvis	Valley Spruce e Willow		☐ AM (8:20-10:50)* ☐ PM (11:30-2:00)* *Peruvian Park & Willow Canyon start and end 10 minutes later	
Days of the week preference:	☐ Mondays and Wed ☐ Tuesdays and Thu ☐ Mondays, Tuesday	rsdays (\$10		(\$200/Month)
Is your child currently under an II (Individual Education Plan)	EP? Yes	☐ No	(Only students receiving speech/artic only services may apply for the tuition program. If your child has additional services on their IEP, please contact us.)	
Toilet Trained? (required by first day	of school) Yes	☐ No	(If child is not toilet trained by first day of school, they will no longer be eligible for this program)	
Does your child have any medical of behavioral issues we should be awa		□No	If yes, please describe:	
	my child is NOT eligible f or before September 1s reschool)			

Return via mail: Canyons School District, Early Childhood, 7501 S 1000 E, Midvale, UT 84047.

Via Email: earlychildhood@canyonsdistrict.org

\*Please note - submission of this application does not guarantee placement in the program. Notice via email will be sent confirming receipt of your application.