

CANYONS EARLY CHILDHOOD PROGRAM PRESCHOOL TUITION REGISTRATION FORM

2021-2022 School Year

					Male	
Child's First Name Child		d's Last Name		Birth Date	☐ Female	
Primary Home Language Race/Ethnicity: Asian African Ame Caucasian	rican [Hispanic/La Pacific Islan Native Ame	der	kan Native		
Parent(s) Name(s)		Email Address			Best Contact #	
Address		City		Zip Code		
Please mark all schools you are	intereste	d in. Circle yo	ur #1 cho	ice:		
School Preference: Altara Bella Vista Jordan Valley Midvalley		Oakdale Sprucewood Quail Hollow Willow Springs		☐ AM (8:20-10:50)* ☐ PM (11:30-2:00)* *Altara, Midvalley & Sprucewood start 10 minutes later		
Days of the week preference:	Tue:	idays and Wed sdays and Thu idays, Tuesday	rsdays (\$10		(\$200/Month)	
Is your child currently under an IEP? (Individual Education Plan)		Yes	☐ No	(Students eligible for special education services are not able to participate as tuition students – 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 or behavioral issues we should be aware of?		Yes	□No	If yes, please des	scribe:	
	on or before			arten. (Eligibility for eligible for kinderga	kindergarten means arten are not able to	
Return via mail: Canyons School	District, Ea	arly Childhood	, 7501 S 10	00 E, Midvale, UT 8	4047.	
Via Fax: 801-826-5106 Via Email: earlychildhood@canyonsdistrict.		org		Notice will be sent that we received your application once it is submitted.		

*Please note - submission of this application does not guarantee placement in the program.