



**CANYONS EARLY CHILDHOOD PROGRAM  
PRESCHOOL TUITION REGISTRATION FORM**

2021-2022 School Year

<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Male
Child's First Name	Child's Last Name	Birth Date	<input type="checkbox"/> Female
<hr/>			
Primary Home Language			
Race/Ethnicity:			
<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino		
<input type="checkbox"/> African American	<input type="checkbox"/> Pacific Islander		
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American/Alaskan Native		
<hr/>			
Parent(s) Name(s)	Email Address	Best Contact #	
<hr/>			
Address	City	Zip Code	

**Please mark all schools you are interested in. Circle your #1 choice:**

School Preference:	<input type="checkbox"/> Altara	<input type="checkbox"/> Oakdale	<input type="checkbox"/> AM (8:20-10:50)*
	<input type="checkbox"/> Bella Vista	<input type="checkbox"/> Sprucewood	
	<input type="checkbox"/> Jordan Valley	<input type="checkbox"/> Quail Hollow	<input type="checkbox"/> PM (11:30-2:00)*
	<input type="checkbox"/> Midvalley	<input type="checkbox"/> Willow Springs	*Altara & Midvalley start 10 minutes later

Days of the week preference:

<input type="checkbox"/> Mondays and Wednesdays (\$100/Month)
<input type="checkbox"/> Tuesdays and Thursdays (\$100/Month)
<input type="checkbox"/> Mondays, Tuesdays, Wednesdays and Thursdays (\$200/Month)

Is your child currently under an IEP? ☐ Yes ☐ No (Students eligible for special education services are not able to participate as tuition students – please contact us)

*(Individual Education Plan)*

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 describe:

**I acknowledge my child is NOT eligible for Kindergarten. (Eligibility for kindergarten means child is age 5 on or before September 1<sup>st</sup> – Children eligible for kindergarten are not able to participate in preschool)**

**Please initial** \_\_\_\_\_

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

**Via Fax:** 801-826-5106

**Via Email:** [earlychildhood@canyonsdistrict.org](mailto: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.**