

NEW STUDENT

2025-2026 Registration



Name of Child: _____

Birthdate of Child: _____ (X) Male: _____ Female: _____

Parent(s) Name: _____

Address: _____

Email address: _____

Home Telephone: _____

Cell: _____ Work: _____

School District: _____

Previous School Experience _____

Program Enrollment (indicate with X)

_____ Four-year-old M,W,F Pre-kindergarten Program	9:00-11:45 am
_____ Four-year-old M,W,F Pre-K Program	9:00 am -1:00 pm

_____ Three-year-old T, TH Program	9:00-11:45 am
_____ Three-year-old T, TH Program	9:00 am-1:00 pm

Please send completed registration form and \$30 registration fee in the form of a personal check made payable to Happy Heart to reserve your child's placement in the September 2025 program. Send completed registrations to:

Happy Heart Preschool
1445B E Main Street,
Douglassville, PA 19518
610-385-3733
www.happyheartelc.com