



Registration Form 2024-2025

Dot's Preschool Corner
10373 North Bridgewater Cir. Cedar Hills

Child's Name: _____ Gender: _____

Birthday: _____ Age as of September 1, 2024: _____

Guardians' Name: _____

Address (street, city, zip) _____

Phone Number: _____ Email: _____

4 year old Pre-K Class
Tuesday, Wednesday, Thursday
9:30-12:00 noon
Tuition is \$125 a month

Submit this form with a \$100 non-refundable registration fee to enroll your child in Dot's Preschool Corner and secure a slot for the 2024-2025 school year.

A packet with school policies and a student information form will be mailed out in July.
Our Preschool Open House will be by appointment on Thursday, August 15th.
School will begin on Tuesday, August 20th.
We will follow the Alpine School District calendar.
The last day of school will be Wednesday, May 14th.

I have read and understand the above registration information and have paid the \$100 non-refundable registration fee.

Guardian's Signature _____ Date: _____

For questions please contact
Julie Baldwin
801-636-6374
dotspreschoolcorner@gmail.com

