

Sibling currently attending Imagine ( ) Yes( ) No

Sibling name/s \_\_\_\_\_ Teacher \_\_\_\_\_

## Imagine School at Broward Pre- Registration VPK

School Year 2020-2021

Date \_\_\_\_\_ Child's Name \_\_\_\_\_

DOB \_\_\_\_\_ Sex M [ ] or F [ ]

Parent Name

Parent Name

Address

Address

Home # \_\_\_\_\_

Home # \_\_\_\_\_

Cell # \_\_\_\_\_

Cell # \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

**Please number your class choices 1-2-3. If you need full time only, then only mark off full time**

( ) 8:30 am –11:30 am

Free with state voucher

( ) 12:30pm – 3:30 pm

Free with state voucher

( ) 8:30 am – 2:30 pm

\$695 per month (\$200 one-time registration fee)

Language spoken at home: \_\_\_\_\_

Language/s child speaks : \_\_\_\_\_