



Registration Form 2025-2026

Thank you for expressing interest in Eighth Street Preschool. Just a reminder the child you are enrolling must be 3 or 4 by Aug. 1st. Our class options are listed below.

If you would like to reserve a place in our program for your child, please complete the form below and return it to Eighth Street Preschool, 602 South Eighth Street, Goshen, IN 46526 with a non-refundable registration fee of \$30. Our spaces are filled in the order that we receive your registration **and** the \$30 fee. We need to have **BOTH** in order to reserve a space for your child. If you have any questions, please call.

Sincerely, Emma Dugger Director 574-533-6720

374-333-0720				
Name of Child _		Gender (M or F) Today's Date	
Name you would	l like your child to be cal	led	Date of Birth	
Parent(s) Mom _		Cell		
Dad		Cell		
Child's Home Ad	ldress			
Email (for presch	nool announcements)			
Allergies:N	ONE If YES please lis	t:		
I want my child o	enrolled in the			
3's class 8:	30am – 11:30am on Tue	sday and Thursday	\$190/month (subject to ch	ange)
4's class 8:0	0am-Noon Mon, Wed, a	nd EVERY OTHER	Fri. \$225/month (subject to c	hange)
change)	- '		EVERY OTHER Fri \$600/moi	
	\$30 Registration Fee	Cash	Check Number	Date
	\$50 Supply Fee	Cash	Check Number	Date