## LAKE ORION COMMUNITY SCHOOLS PRE-K HALF DAY STUDENT SCHEDULE

o New Family o Returning Family

Child's Name:		
Child's Date of Birth:	Child's age in months on Sep	ptember 1 <sup>st</sup> :
Primary Parent/Guardian on Acco	unt	
Name:		
Address:	City:	Zip:
Email Address:	Phone #:	
Secondary Parent/Guardian on Ac	count	
Name:		
Address:	City:	Zip:
Email Address:	Phone #	t:
	m-11:30am and PM-12:30-3:30pm	
	d Days):MTWTH d Days):M T WTH	
Pre-K Blend Class, 8:30am-11:30ar	m (Mark an X on Desired Days) M	TWTH
Pre-K Blend classrooms are sup one through the Early Childhoo a daily basis. In addition, other a	d Special Education Department.	ugh the Early Childhood Program, and . A Para-Professional supports students or erapist, School Psychologist, Occupational
Parent/Guardian Signature:		_Today's Date:
Diagram water Varus first bill will be a	In a way of the Assessed DECODE and and at	auto ta vacamia abilal placamantin

Please note: Your first bill will be charged in August BEFORE school starts to reserve child placement in the program. Class times and schedules are subject to change based on enrollment and licensing requirements.