

*Special Services Center  
2284 Hwy 35  
Pelham, AL 35124  
Phone (205) 682-5850 Fax (205) 682-5855*

**Shelby County Schools  
Preschool Program Registration Form 2021-22 school year**

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Age (as of 9/2/21) \_\_\_\_\_  
Home Address \_\_\_\_\_  
Gender M F \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Home Phone \_\_\_\_\_ Other \_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
Email \_\_\_\_\_

**\*\*\*\*IF YOUR CHILD HAS A DISABILITY OR YOU SUSPECT DEVELOPMENTAL DELAYS\*\*\*\*  
\*\*\*\*PLEASE CALL 205-682-5811\*\*\*\***

By signing, I certify that my child meets the minimum criteria and I have read and agree to the conditions of enrollment listed below:  
My child will be 3 years old on or before September 2, 2021 and will not be eligible for Kindergarten (5 years old on or before September 2, 2021). My child does not currently have an active IEP. Tuition is \$200 per month August-May. A \$20 registration fee is required upon acceptance. The instructional day is 8 am-12 pm and parents must provide transportation. All classrooms will be located at the Linda Nolen Learning Center location in Pelham.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
FOR OFFICE USE ONLY NOTES: \_\_\_\_\_  
**RECEIVED DATE:** \_\_\_\_\_  
Number assigned: \_\_\_\_\_  
4020-12-4-7260-000-0035-7101-0-0000-4111 (preschool program Eclipse)