



Farm Preschool Registration Form 2025-2026

Frying Pan Farm Park, Herndon, VA 20171

(703) 689-3104 Info@katydidkids.com www.katydidkids.com

1. Today's Date: _____ Check one: _____ Current Student _____ Sibling/Alumni _____ Tiny Tot _____ New

How did you hear about us? _____ Facebook/Internet _____ A Friend _____ Park _____ Next Door _____ Other

2. Please select your class day preference by writing 1st, 2nd, 3rd choice in the boxes below *:

		3-Year Olds (birthdate 10/1/21-10/31/22)	4-Year Olds (birthdate 10/1/20-10/31/21)	4-Year Olds & 5-Year Olds (birthdate prior to 4/1/21)
AM	Days	2 Days: T/Th 2 Days: M/W 3 Days: M/W/F	3 Days: T/Th/F 4 Days: M/T/Th/F	3 Days: M/W/F 4 Days: M/T/W/F
	Hours	8:25 AM – 11:55 AM	8:45 AM – 12:15 PM	8:35 AM – 12:05 PM
PM	Days	3 Days: T/W/Th	4 Days: T/W/Th/F	4 Days: T/W/Th/F
	Hours	12:20 PM – 3:50 PM	12:30 PM – 4:00 PM	12:30 PM – 4:00 PM

* Please Note: We reserve the right to adjust class offerings based on enrollment. The Preschool Director makes the final placement decisions.

3. Information – Complete the Information Below

Child's Name: _____

Birth Date: _____ Last _____ First _____ Name to be used in class _____
Sex: _____ Male _____ Female

Parent/Guardian Information: Parent 1 _____ Parent 2 (check box if same as Parent 1) _____

Name:		
Address:		
City, State, Zip:		
Cell Phone:		
Other Phone #:		
Email:		

Please list other preschools your child has attended:

Initial here: _____ I have read & signed the Parent Contract on the back of this form along with the registration, licensing & ADA policies in the online preschool handbook (www.katydidkids.com/preschool/handbook) and have read the summarized versions included with this form.

Initial here: _____ (if applicable) I have turned in a copy of any existing Individualized Education Program (IEP)

Initial here: _____ To give Katydid, Inc. and Frying Pan Friends Group permission to contact you by email with program updates, animal births, other opportunities and activities for children and adults.

For Staff Use Only

Registration Fee: _____ \$140 _____ \$195(Family) Rcd by: _____ Date: _____ Check #: _____ Amount: _____

First Payment: Reg fee: _____ May: _____ Act fee: _____ 1st Month: _____ Total Paid: _____ Check #: _____

NOTES:

Preschool classes administered by Katydid, Inc.

Checks payable to Katydid, Inc. mail to P.O. Box 710516, Oak Hill, VA 20171

4/26/2025