



Three Four Open the Door, LLC.
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Cynthia Zeoli – Owner/Director

Today's Date _____

Date visited Three Four _____

Pre Registration Form

Anticipated Enrollment Date: _____

Child's Birth date _____

Child's Name _____

Mother's Name _____

Father's Name _____

Home Address _____

Home Phone Number _____

Cell Phone/Pager Number _____

E-Mail Address _____

Has your child ever received services either public or private? YES NO

If yes, please circle all that are applicable; Speech and Language OT PT Other (please specify including name and location) _____

Has your child ever had a formal evaluation or an IEP, if so please elaborate _____

Are there any concerns you have that we should be aware of?

Please See the Next Page to Select Programs and Preferred Days

All Day Infant Program (8:30-5:00)

Circle Choices: Monday Tuesday Wednesday Thursday Friday

Twos Program

Circle Choices for 2 Hour Program 10:00-12:00: Monday Tuesday Wednesday Thursday Friday

Circle Choices for 3 Hour Program 9:00-12:00: Monday Tuesday Wednesday Thursday Friday

Circle Choices to extend to All Day(optional): Monday Tuesday Wednesday Thursday Friday

3s & 4s

Circle Choices for AM Session 9:00-12:00: Monday Tuesday Wednesday Thursday Friday

Circle Choices to extend to All Day (optional): Monday Tuesday Wednesday Thursday Friday

Circle Choices for PM 12:30-3:30: Monday Tuesday Wednesday Thursday Friday

Circle Choices to extend to 5pm (optional): Monday Tuesday Wednesday Thursday Friday

Five day Five's program 8:45-1:30_____

Five day Kindergarten 8:45-2:00_____

Circle Choices to extend 5s/K to 5pm (optional): Monday Tuesday Wednesday Thursday Friday