

Registration Fee must accompany this form

For Official Use Only: \$130.00  
Registration Fee (Non-Refundable)  
Ck # \_\_\_\_\_

Today's Date: \_\_\_\_\_

Starting Date: \_\_\_\_\_

## Registration Form Full-Day Preschool

### **Student Information**

First Name \_\_\_\_\_

Last name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Preferred E-Mail \_\_\_\_\_

Preferred Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Gender \_\_\_\_\_

### **Parent Information**

Mother's Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

Has your child participated in a preschool or extended care program? Y \_\_\_ N \_\_\_

How did you hear about Family of Christ? \_\_\_\_\_

Please check the Preschool Enrichment Program you're registering for, and what days they will be attending:

- \* 2 year old, 6:30-6:00 \_\_\_\_\_ Days
- \* 3 year old, 6:30-6:00 \_\_\_\_\_ Days
- \* Pre-K, 6:30-6:00 \_\_\_\_\_ Days