

Registration Fee must accompany this form

For Official Use Only: \$130.00

Registration Fee (Non-Refundable)

Ck # _____

Today's Date: _____

Starting Date: _____

Registration Form Half-Day & Extended 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 fill in the days your child will be attending:

* 2's Program 8:45-11:45 _____ Days

* 3's Program 8:30-12:00 _____ Days

* 3's Program 8:30-2:00 _____ Days

*Pre-K Program 8:30-12:00 _____ Days

*Pre-K Program 8:30-2:00 _____ Days