

Legacy Learning Center Preschool Enrollment Application 2018/2019

Name of Child: _____

Address: _____

Date of Birth: _____ Age: _____

Parent's Name: _____ Phone Number: _____
(Guardian)

Parent's Name: _____ Phone Number: _____
(Guardian)

Preschool Classes:

_____ Preschool 3-4 AM Class
(Child must be 3 by August 1)

_____ Preschool 3-4 PM Class
(Child must be 3 by August 1)

*(A non-refundable \$50.00 Annual Supply Fee & Registration Fee of one Month's tuition is required at Enrollment. This guarantees your child's spot for the 2018-2019 school year. The tuition for the 3-4 class will be \$60 each month. **Total of \$110 for deposit**)*

_____ Preschool 4-5 AM Class
(Child must be 4 by August 1)

_____ Preschool 4-5 PM Class
(Child must be 4 by August 1)

*(A non-refundable \$75.00 Annual Supply Fee & Registration Fee of one Month's tuition is required at Enrollment. This guarantees your child's spot for the 2018-2019 school year. The tuition for the 4-5 class will be \$95 each month. **Total of \$170 for deposit**)*

Signature:

Date:

Please mail or drop off at:
Antioch Christian Church
3007 E US Hwy 50
Washington, IN 47501
812-254-2651