# Porterfield Day School

## Registration Form

2200 Dawson Road

229.518.4782

**Child's Name: _____ Male/ Female**
**First Middle Last**

**Name Child is Called: _____ Age on 9-1_____ DOB: _____**

**Address: _____**
**Street City Zip**

**Father's Name: _____ Cell Number: _____**

**Mother's Name: _____ Cell Number: _____**

**Email Address: _____ Phone: _____**

**List any special needs your child may have (dietary, behavioral, physical, etc.): _____**

_____

_____

**Please select a class <u>based on child's age on Sept 1</u> of the current year:**

**2-year-old 2-day (Tue/Thur) _____ 2-year-old 3-day (M/W/F) ____**

**2-year-old (M-F) _____ 3-year-old (M-F) _____ Pre-K (M-F) _____**

**Hours Attending (select 1): 8:00am - 12:00pm____ 9:00am - 1:00pm_____**

**Home Church: _____**

**How did you hear about us? _____**

**I understand and agree that all registration fees paid shall not be refunded. I further understand that I am required to submit written notice of withdrawal ***<u>one</u>*** month in advance and that month would be required.**

_____
**Parent Signature Date**

**Cash: _____ Check #: _____ Registration: _____ Supply: _____**