



Student's Full Name: _____

Name Child is Called: _____

Age on 9/1: _____ Date of Birth: _____

Address: _____

Father's Name: _____ Cell #: _____

Mother's Name: _____ Cell #: _____

Email address: _____

List any special needs your child may have (dietary, behavioral, allergies, physical, speech or occupational therapy etc. Use back as needed and attach evaluations that may be helpful for teacher): _____

Home Church: _____ How did you hear about us? _____

Please select one class schedule based on child's age on 9/1 of current year.

2 year old: 2 days (Tues/Thurs) _____ **3 year old:** 2 days (Tues/Thurs) _____

3 days (Mon/Wed/Fri) _____ 3 days (Mon/Wed/Fri) _____

5 days (Mon-Fri) _____ 5 days (Mon-Fri) _____

Pre- K (Mon-Fri) _____

Hours Attending (circle one): 8-12 or 9-1

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 one month in advance and that month's tuition would be required.

Parent/Guardian Signature _____ Date: _____

OFFICE USE ONLY

Class Age: _____ **Payment:** _____

Registration Fee: _____ **Supply Fee:** _____ **Tuition:** _____