



STUDENT'S FULL NAME: _____

NAME CHILD IS CALLED: _____

AGE ON 9-1: _____ DATE OF BIRTH: _____

ADDRESS: _____

Father's Name: _____ Cell Number: _____

Mother's Name: _____ Cell Number: _____

Email Address: _____ Home Phone: _____

List any special need(s) your child may have (dietary, allergies, behavioral, physical, etc.): _____

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

Please select one class schedule based on child's age on Sept 1st of the current year.

2 year old 2 day(Tues/Thur)_____ 2 year old 3 day (M/W/F)_____

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

*Class placement is ultimately decided by the Director

Hours attending (SELECT 1): 8:00 am-12:00 pm _____ 9:00 am- 1:00 pm _____

PARENT/GUARDIAN AGREEMENT

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 fee would be required.

Parent/ Guardian Signature _____ Date: _____

OFFICE USE ONLY

Class Age: _____ Cash: _____ Check #: _____
Registration Fee: _____ Supply Fee: _____ Tuition: _____