Porterfield Day School

Registration Form

2200 Dawson Road
229.518.4782

Child's Name: _____
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, ect.):_____

_____

_____

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 *one* month in advance and that month would be required.

_____
Parent Signature **Date**

Class Age: _____ **Days Preferred:** _____ **Cash:** _____ **Check #:**_____

Registration: _____ **Supply:** _____