



REGISTRATION FORM 2010-2011

Child's Name _____ Birth Date _____

Age on Sept. 1, 2010 ____ years ____ months Male _____ Female _____

First name you would like your child to learn and be called _____

Returning Student? Y N Sibling of past student (name) _____

Church affiliation _____

Parent's Names: Mom _____ Dad _____

Home Phone # _____ Email _____

Mailing Address: Street _____

City _____ Zip Code _____

Father's Occupation _____ work or cell # _____

Mother's Occupation _____ work or cell# _____

Siblings Names and Ages: _____

Special Information (allergies, special needs, etc...) _____

Please indicate your first choice below:

I would like to enroll my child in the:

____ T/TH (9:00-11:30) 3 -5 year olds \$100/month

____ M/W/F (9:00-11:30) 3 -5 year olds \$135/month

____ 5-day Pre-Kindergarten Program (9:00-11:30) 4 and 5 year olds \$200/month

Registration fee for all classes is \$50 (non-refundable). Registration fee must accompany the registration form at the time of registration to be considered valid. The first tuition payment is due August 1, 2010. Tuition payments are due the first of each month August through April.

Registration Fee accepted by _____ Date _____ Cash _____ Check _____