



Registration Fee must accompany this form

For Official Use Only: \$130.00  
Registration Fee (Non-Refundable)  
Ck # \_\_\_\_\_

Today's Date: \_\_\_\_\_

Starting Date: \_\_\_\_\_

**Registration Form  
Preschool-Half Day/Extended Program**

**Student Information**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Preferred E-Mail \_\_\_\_\_

Preferred Phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Gender: \_\_\_\_\_

**Parent/Guardian Information**

First & Last Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Cell phone \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

First & Last Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_

How did you hear about Family of Christ? \_\_\_\_\_

Please check the Preschool Enrichment Program you're registering for and what days they will be attending:

\* 2's Program, 8:45 a.m. - 11:45 a.m. \_\_\_\_\_ Days; Room \_\_\_\_

\* 3's Program, 8:30 a.m. - 12:00 p.m. \_\_\_\_\_ Days; Room \_\_\_\_

\* 3's Program, 8:30 a.m. - 2:00 p.m. \_\_\_\_\_ Days; Room \_\_\_\_

\* Pre-K Program, 8:30 a.m. - 12:00 p.m. \_\_\_\_\_ Days; Room \_\_\_\_

\* Pre-K Program, 8:30 a.m. - 2:00 p.m. \_\_\_\_\_ Days; Room \_\_\_\_

**I would like to donate to the Help Tuition Fund. Yes \_\_\_\_\_ No \_\_\_\_\_**