



Registration Fee must accompany this form

For Official Use Only:
 Registration Fee (Non-Refundable)
 Ck # _____

Today's Date: _____
 Starting Date: _____

Registration Form
 Preschool-Full Day 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 year olds, 6:30 a.m. - 6:00 p.m. _____ Days; Room _____
- * 3 year olds, 6:30 a.m. - 6:00 p.m. _____ Days; Room _____
- * Pre-K 6:30 a.m. - 6:00 p.m. _____ Days; Room _____

I would like to donate to the Help Tuition Fund. Yes ___ No ___