



Registration Fee must accompany this form

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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. - 5:30 p.m. \_\_\_\_\_ Days; Room \_\_\_\_\_
- \* 3 year olds, 6:30 a.m. - 5:30 p.m. \_\_\_\_\_ Days; Room \_\_\_\_\_
- \* Pre-K 6:30 a.m. - 5:30 p.m. \_\_\_\_\_ Days; Room \_\_\_\_\_

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