



Registration Fee must accompany this form

For Official Use Only:
 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 _____