

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 Information

Mother's Name _____

Address (if different) _____

Cell phone _____

Employer _____

Occupation _____

Work Phone _____

Father's 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 _____ **Must be potty trained**

* 3's Program, 8:30 a.m. - 2:00 p.m. _____ Days; Room _____ **Must be potty trained**

* 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 _____