

2018/2019 HALF DAY PRESCHOOL REGISTRATION FORM

Child's Name: _____ Boy or Girl (Circle One)

Parent's Names: _____

Mailing Address: _____ Zip Code: _____

E-mail address: _____ Phone: _____

Child's Birthdate: _____

Class: **(Circle One)** Preschool Pre-K

Days attending **(Circle One)** MWF TTH M - F

PRESCHOOL

Must be 3 yrs. old
by child's first day of class.

PRE-KINDERGARTEN

4 by September 1st and will
attend kindergarten next fall

2 days per week is \$135 per month.

3 days per week is \$160 per month.

5 days per week is \$230 per month.

Please include your registration fee** with this form. (** Enroll by May 1st, registration fee is \$75. Enroll after May 1st, registration fee is \$85.) Registration fees are non-refundable. Make checks payable to: LOVE OF CHRIST PRESCHOOL.

RECEIPT

Date _____

Love of Christ Preschool has received \$ _____, cash/check # _____

from: _____

RECEIVED BY _____

Your child will be attending MWF TTH M - F

First Day/Date: _____