

HALF DAY SUMMER 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. (**For currently enrolled students attending Kindergarten in the fall; currently enrolled students returning to Love of Christ Preschool in the fall; or new students attending Love of Christ Preschool in the fall – the summer registration fee is \$20 if enrolled by May 1st and \$30 if enrolled after May 1st. Students new to Love of Christ Preschool and only attending the summer program, the registration fee is \$30.) 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 _____

FIRST DAY _____

Your child will be attending MWF TTH M – F