

**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**      **PRE-KINDERGARTEN**  
Must be 3 yrs. old      4 by September 1<sup>st</sup> and will  
by child's first day of class.      attend kindergarten next fall

2 days per week is \$140 per month.  
3 days per week is \$165 per month.  
5 days per week is \$235 per month.

Please include your registration fee\*\* with this form. (\*\* For currently enrolled students or new students attending Love of Christ Preschool in the fall - the summer registration fee is \$20 if enrolled by May 1<sup>st</sup> 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:

\_\_\_\_\_  
\_\_\_\_\_

Your child will be attending      MWF      TTH      M – F

First Day: \_\_\_\_\_      Received by: \_\_\_\_\_