



Preschool Registration Form

CHILD'S INFORMATION:

Full Name: _____ Age: _____ Sex: M / F

Name You Want Your Child to Write: _____ Date of Birth: ____/____/____

CONTACT INFORMATION:

Complete Address: _____

City, State, Zip Code: _____

Email: _____ Home Phone: _____

PARENT/GUARDIAN'S INFORMATION:

Mother's Name: _____ Cell Phone: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____ Work Phone: _____

Name and Ages of Siblings: Brothers: _____ Sisters: _____

REGISTRATION AGREEMENT:

I, _____, agree to register my child into _____
instructed by _____ for the following school year held from _____ -
_____ and I agree to pay the following amount for tuition:

\$ _____ per month for the _____ class held from _____ - _____. Tuition
may be paid for by cash, personal check, or money order, and it must be paid by the first class session of every
month. Tuition cannot be refunded, and I understand that if my child is not able to attend a preschool session
under any circumstance, I will not be refunded my tuition. To hold a place for my child in this program and to
provide for my child's yearly school supplies, I agree to pay the registration amount of **\$100.00** which is also
non-refundable. Finally, I agree to abide by the rules and guidelines listed in the Policies and Procedures
booklet which had been explained and provided to me. **REGISTRATION PACKETS AND TUITION DEPOSITS ARE DUE
NO LATER THAN JUNE 1st**

Parent/Guardian: _____

Director: _____ Date: _____