

## 2018-2019 PreSchool Registration

Today's Date:			
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Receipt #

## **Child's Information**

Name			Date of Birth	Present Age	Boy or Girl
Mother's Information		Father's Information			
Name			- Name		
Social Security Numb	per		Social Security Number		
Address	City	Zip	Address	City	Zip
Home Phone	Cell Phone		Home Phone	Cell Phone	
Email			Email		
Place of Work			Place of Work		
Work Address			Work Address		
Work Phone			Work Phone		
Church Affiliation		Church Affiliation			
	Ple Mon-Thurs 3-Year-Old's	Yearly Regist	Registration ration Fee: \$40.00 ass & Time Preference :00pm		
	Mon-Fri 4-Year-Old's	□ 9:00am–12	:00pm 🛭 1:00-4:00pn	1	
	Mon-Fri 5-Year-Old's	□ 9:00am–12	:00pm		
	Who can we thank fo	or referring you	?		
For Office  Class Placeme			1534m - in 1564m - in 1	39}=+=39}=+=39}=+=39}=+=39}=+=39}=	+n-∤n394n-∤n394n-4n394n-4n394n
Date Registra	tion Fee Paid:	Ch	neck #:	Cash:	