

Child's Name _____ Date of Birth _____

Place of Birth _____ Sex: M ___ F ___ Child's age as of December 2, 2008 _____

Address _____

City, Zip _____ Home Phone _____

Family e-mail _____

Father's Name _____ Work Phone _____ Cell Phone _____

Employer _____ Position _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Employer _____ Position _____

Primary language spoken at home: _____

Names and ages of siblings _____

Does your child have a nickname? _____ How did you hear about us? _____

What church do you attend? [] None [] PCC [] Other _____

Any allergy or handicap that the school should be aware of? _____

I want to register my child for the following program:

4 YEAR OLDS
(Age 4 by Dec. 2)

3 YEAR OLDS
(Age 3 by Dec.2)

2 YEAR OLDS
(Age 2 by Sept. 1)

- 5-Hr. Program
(9 am-2 pm)
- 3-Hr. Program
(9 am-12:30 pm)

- 5-Hr. Program
(9 am-2 pm)
- 3-Hr. Program
(9 am-12:30 pm)

- 3-Day (M W F)
- 2-Day (T Th)
(9 am-12:15 pm)

- 5-Day
- 4-Day (T W Th F)
- 3-Day (M W F)
- 2-Day (T TH)

- 5-Day
- 4-Day (TWTh F)
- 3-Day (M W F)
- 2-Day (T Th)



I understand the \$150 registration fee is non-refundable.

Parent's Signature _____

Date _____

FOR SCHOOL USE ONLY
Enrollment Fee _____
Date: _____
ck #: _____