

Starting Date: _____

Registration Form

Half Day Program

Registration Fee \$80.00 Family Rate \$120.00
(Non-Refundable)

Child's Name: _____
Date of Birth: _____ Age: _____ Gender: _____
Address: _____ City: _____
Zip: _____ Home Phone: _____
Mother's Name: _____
Work Phone: _____ Cell Phone: _____
Father's Name: _____
Work Phone: _____ Cell Phone: _____
Has your child participated in a preschool or extended care program?
Y N _____
Does your child have any medical or other special need to address?
Y N If yes, please specify: _____

Have you previously had a child enrolled at Family or Christ Learning Center?
Y N If not, who referred you to Family of Christ? _____

Please check the class you're registering for:
(A separate form needs to be completed for each child)

2 year old	8:45-11:30	T/TH _____
3 year old	8:30-12:00	T/TH _____
3 year old	8:30-12:00	MWF _____
4 year old	8:30-12:00	MWF _____
4 year old	8:30-12:00	M-TH _____
4 year old	8:30-12:00	M-F _____
4 year old	8:30-2:00	M-F _____

* Children must be 2, 3, and 4 by September 1st
* Children who are 3 & 4 must be potty trained

Family of Christ Learning Center
Revised 6/08