

Registration Fee must accompany this form

For Official Use Only: \$85.00

Registration Fee (Non-Refundable)

Ck # _____

Starting Date: _____

Registration Form Preschool-Half Day Program

Child's Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

City: _____

Zip: _____ Home Phone _____

Email: _____

Mother's Name: _____

Business Phone: _____

Cell Phone: _____

Father's Name: _____

Business Phone: _____

Cell Phone: _____

Has your child participated in a preschool program? Y____ N____

If yes, please specify: _____

Have you previously had a child enrolled at Family of Christ Learning Center? Y__N__

If not, who referred you to Family of Christ? _____

Please check the Preschool Enrichment Program you are registering for and fill in the days your child will be attending:

2 Yr Days _____

3 Yr Days _____

Pre-K _____

8:30 AM to 12:00 PM

Pre-K _____

8:30 AM to 2:00 PM

*Children must be 2, 3, and 4 by September 1st

*Children who are 3 & 4 must be potty trained

Family of Christ: Revised 1/10