

Registration Fee must accompany this form

For Official Use Only: \$85.00
Registration Fee (Non-Refundable)
Ck # _____

Starting Date: _____

Registration Form

Kindergarten 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 Kindergarten program? Y____ N____

Does your child have any medical or other special needs to address? 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 class you are registering for::

Kindergarten _____

Kindergarten _____

(W/Extended Care)

Please note: LUNCH WILL BE PROVIDED

Family of Christ: Revised 1/10