

Today's Date: _____
Starting Date: _____

Registration Fee must accompany this form
For Official Use Only: \$150.00
Registration Fee (Non-Refundable)
Ck # _____

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 preschool or extended care 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 class you're registering for:
(A separate form needs to be completed for each child)

Kindergarten _____

Kindergarten _____
(W/Extended Care)