

"Learn and Grow in a Faithful Community"

Child's Full Name

Child's Full Name			Date of Birth		Sex
Full Address				Family Home Phone	
Allergies or Medical Conditions			Physician's Name & Ph	one Number	
Amerigies of intedical containing			rilysician's Name & Fhorie Number		
	Parent or Guardia	an Inform	ation		
Full Name		Employer		Work Phone	
Full Address if different from Child				Cell phone	
Tuli Address ii different from Child				Cell phone	
Full Name		Employer		Work Phone	
Full Address if different from Child				Cell Phone	
Email Addresses (please specify)					
	F	-1.1.6			
	Emergency Conta				
	(Must list full informat	tion for 2	contacts.)		
	T =		T = .		
Full Name	Full Address		Phone		
Full Name	Full Address		Phone		
Additional people who have your pe	ermission to pick up your child. We w	vill ask for thei	ir photo ID to verify upon	pickup before releasing	your child.



"Learn and Grow in a Faithful Community"

		Cla	asses Offered	
	5 Day 4's (Pre-K)	M-F	\$325.00/month	9:00-1:30
	4 Day 4's (Pre-K)	M-TH	\$265.00/month	9:00-1:20
	3 Day 3's	M,W,F	\$210.00/month	9:00-1:00
	2 Day 3's	T & TH	\$180.00/month	9:00-1:00
	2 Day 2's	T & TH	\$180.00/month	9:00-12:45
A prorated ch due upon regi of \$35.00.	arge of one week w stration of each chi	ill be added	for August. A \$50.00 ditional child within a	y for your payment convenience. I nonrefundable registration fee if family will have a registration fee if the family will have a registration feet.  I however classes will be made
	=	-	ost fair to our staff an	
Parent or Guardi	an Signature			Date
 Administrator Si <sub>l</sub>	gnature			 Date
places within a s	•	e preschool	building which include b	y child for a class walk to out are not limited to the Rouss
Parent Signature	for Walk off School F	roperty		_
Office Use Only:				