2017/2018

REGISTRATION FORM

CHILD'S NAME____
First Middle Last

BIRTHDATE: ________________ Age as of Sept. 30, 2017 _________ GRADE entering ________

PRESCHOOL: ___ FULL DAY (8:30-3:00) **OR** ___ HALF DAY (8:30-12:00) [__ 5 days __ 3 days]

MOTHERS'S NAME____

Address:____ Home Phone: __________________

City/Zip____ Work Phone:__________________

Email: ____

FATHER'S NAME____

Address:____ Home Phone: __________________

City/Zip____ Work Phone:__________________

Email: ____

I/we hereby request that my child be registered for the **2017/2018** school year. Should admission for the **2017/2018** year not be granted, the full registration fee will be returned; otherwise, it is non-refundable. Returning parents are assured of priority for available spaces **if registration fee and completed registration form** are received by March 31, 2017.

The registration fee for **2017/2018** is $100.00. Parents who register prior to April 1 will receive a $25.00 discount with a fee of $75.00. Maximum registration fee per family is $200.00. Monthly tuition will be payable beginning **August 1, 2017** with the last payment **May 1, 2018**.
Registrations will be accepted on a first come first serve basis.

Signature______________________________________Date_________________________

For planning purposes please indicate your main choice for after school release:

BUS__________ **CAR PICK-UP__________** **EXTENDED CARE_______**

REFERRED BY:____

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OFFICE USE ONLY

REGISTRATION _________ BOOK FEE _________ BUILDING FUND _________ TUITION _________