

REGISTRATION FORM - FAITH DAYCARE CENTER AND PRESCHOOL

505 E. Bonita Avenue San Dimas CA 91773 (909) 599-0783 faithdcpreschool@ymail.com faithsdpreschool.net

NAME OF CHILD _____ AGE _____ BIRTHDATE _____

MOM CELL# _____ DAD CELL # _____

MOM'S E-MAIL _____ DAD'S E-MAIL _____

HOME ADDRESS _____ CITY _____ ZIP _____

MOTHER'S NAME _____ WORK # _____

WORK NAME & ADDRESS _____ CITY _____

FATHER'S NAME _____ WORK # _____

WORK NAME & ADDRESS _____ CITY _____

ARE THERE BROTHERS AND /OR SISTERS IN THE FAMILY _____ YES _____ NO

IS SO, LIST NAMES AND AGES _____

HAS YOUR CHILD EVER ATTENDED PRESCHOOL? _____ NAME _____ CITY _____

CHURCH AFFILIATION _____ CITY _____

DOES YOUR CHILD ATTEND SUNDAY SCHOOL AND/OR WORSHIP SERVICES? _____ YES _____ NO

HOW DID YOU HEAR ABOUT OUR SCHOOL? _____

This application for Registration must be accompanied by the \$175.00, non-refundable, registration fee which covers September – June and/or \$75.00 Summer registration fee, non-refundable which covers June -August. (Fees Subject to Change). A deposit is due before your child begins enrollment, in the amount of one week's tuition (Refundable only if a two-week written notice is given when withdrawing from the school). Tuition is due each week in advance, in full, regardless of holidays, scheduled non-holidays, the weeks when the preschool is closed (week after Graduation in June, second week in August, Christmas week, illness, vacations of more than one week and one Friday in October or November (Staff Development Day). If tuition is not received on your child's first day of his/her week a \$25.00 late fee will be invoiced to your account each week payment is not received. Enrollment will be denied for non-payment of childcare services or failure to pay any fees owed. A non-refundable annual Student Supply Fee of \$150.00 is due each school year your child is enrolled. Fees subject to change.

SIGNATURE OF PARENT _____ DATE _____

Office Use Only STAFF _____ Date _____ Start Date _____

Days Desired M T W TH F Schedule Needed Half Alternative Full PT _____ N/PT _____

CIRCLE CLASSROOM – LB HB BF (USED MAT OR NEW MAT) AMOUNT PAID \$ _____

Check # _____ Reg. Fee _____ Deposit _____ First Week Tuition _____ Supply Fee _____ Mat _____