

# REGISTRATION FORM - FAITH DAYCARE CENTER AND PRESCHOOL

505 E. Bonita Avenue San Dimas CA 91773 (909) 599-0783 [faithdcpreschool@ymail.com](mailto: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 \$150.00, 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, non-holiday school closure (week after Graduation in June, second week in August, Christmas week, illness and vacations of more than one week. If tuition is not received on your child's first day of his/her week a \$25.00 late fee will be billed to your account each week payment is not received. Enrollment will be denied for non-payment of childcare services or failure to pay any late fees. A non-refundable annual Student Fee of \$125.00 is due each school year before your child begins. All fees are subject to change. (You may also refer to the Parent Handbook for all school policies and any other days the school is closed).**

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 \_\_\_\_\_