

Beginning Years Christian Pre-School
Registration Form

Child's name: _____ D.O.B. _____

Address: _____ Phone: _____

Parent's Name: _____

Parent's e-mail: _____

Parent's cell phone: (Dad) _____ (Mom) _____

School District child will be attending in Kindergarten _____

Check the Program of Choice

3-year program: (2 days, T. and Th.)
9:00-11:30 _____ 12:00-2:30 _____

4-year program: (2 days, T. and Th.)
9:00-11:30 _____

4-year program: (3 days, M. W. F.)
9:00-11:30 _____

5-year program: (3 days, M. W. F.)
9:00-11:30 _____

Add a 3rd or 4th day with a Project Base Class (Th.)
12:30-3:00 _____ (Must be 4 or 5 years old.)

Extended Days M. W. F. 11:30-2:30 (Children bring lunch)

May check : Monday _____ Wednesday _____ Friday _____

Registration Fee: \$45 _____ Date paid: _____