

REGISTRATION FORM

Please reserve a space for my child in the _____ class.

Registration fees: Toddlers & Twos class - \$185 Pre K3 - \$185 Pre K4 - \$220.00

Child's full name _____ **Birthdate** _____ M F

Address _____ **Home phone** _____

City _____ **State** _____ **Zip** _____

Father _____ **Mother** _____
first & last name first & last name

Employer _____ **Employer** _____

Work phone _____ **Work phone** _____

Cell phone _____ **Cell phone** _____

★ **Email address:** _____

Siblings, ages, & relationship to child _____

Person child lives with if different from both parents _____

Church Affiliation: _____

Please note any developmental concerns that will assist in your child's placement:

PLEASE READ AND SIGN:

I understand that the registration fee is non-refundable unless I move from the community before July 1. I understand this registration and fee reserves a space for my child and that I am obligated to notify the Director in writing of any changes in attendance plans by July 1. I agree to abide by this payment policy and others as established by Christ Our Shepherd Preschool. I also give permission for my child to be photographed and videotaped for school purposes. I also understand that my child should be potty trained to participate in the 3 and 4 year old classes.

_____ **Signature of parent or legal guardian** _____ **date**

***** An immunization certificate (#3231) must be on file at preschool within 30 days of enrollment for your child to attend. *****

Christ Our Shepherd Preschool prohibits discrimination on the basis of race, color, national origin, age, disability, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program.

For office use only Date registered _____ Class _____

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