

**REGISTRATION FOR
FIRST COVENANT PRESCHOOL**

Child's Name: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ Zip Code: _____

Primary E-mail Address: _____

Mother: _____ Occupation: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Father: _____ Occupation: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Child's Doctor or Pediatrician: _____ Phone: _____

Does your child have any special needs? If so, please explain: _____

Allergies: _____ Chronic medical condition(s): _____

How did you learn about our preschool? _____

PLEASE CHOOSE TWO OPTIONS AND INDICATE 1ST AND 2ND CHOICE.

Preschool (3-year-olds)

___ 2 day (T-TH AM) 8:45 am - 11:45 am*

**If enrollment does not support this class, we will have one T/TH multi-age class.*

___ 3 day (MWF AM) 8:45 am - 11:45am

Multi-Age (3 & 4-year-olds)

___ 2 day (T/TH AM) 8:45 am - 11:45 am

Five Day Class

___ (add T/TH multi-age to a MWF class)

Pre-K (4 & 5 year-olds)

___ 3 day (MWF AM) 8:45 am - 11:45 am

Two-By-Two **

Indicate Class Choices: 1st, 2nd, 3rd

___ Tuesday 12:15 pm - 1:45 pm**

___ Wednesday 12:15 pm - 1:45 pm**

___ Thursday 12:15 pm - 1:45 pm**

Will childcare be needed for siblings? _____

***If enrollment does not support all classes, 2X2 will be held on the day(s) with the most interest.*

I understand that the registration fee is non-refundable unless I decide by May 1 to send my child to Kindergarten.

Parent Signature: _____

Date registration received: _____ Choice honored: ___ 1st ___ 2nd

Date \$60 (includes a Preschool T-shirt) registration fee paid : _____

Check #: _____ Cash: _____ Credit Card: _____

March 8, 2020