

**Registration for
First Covenant Preschool**

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

Address: _____ City: _____ ZIP Code: _____

Primary E-mail Address: _____

Father: _____ Occupation: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Mother: _____ 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 or other chronic medical conditions? _____

How did you learn about our preschool? _____

Please choose two and indicate 1ST and 2ND choice:

Preschool (3-year-olds)

___ 2 day/2 ½-hour T/TH AM 8:45 am - 11:15 am

___ 3 day/3-hour MWF AM 8:45 am - 11:45 am

Pre-K/Multi-age (3 ½+ -year-olds)

___ 3 day/3-hour MWF AM 8:45 am - 11:45 am

___ 2 day/2 ½-hour T/TH AM 8:45 am - 11:15 am

5-Day Option

___ Add T/TH class to a MWF class

Two-by-Two

___ Tuesday 12:00 pm - 1:30 am

___ Thursday 12:00 pm - 1:30 am

Note: We will fill requests in the order that they are received. You will be notified if your first choice cannot be honored. Those on a waiting list will be contacted as soon as an opening becomes available, usually late summer.

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

Parent Signature: _____

Date registration received: _____	Choice honored: ___ 1 ST ___ 2 ND
Date \$40 registration fee paid: _____	Check #: _____ Cash: _____