

PILGRIM PRESCHOOL 2018-2019 REGISTRATION FORM

Child's Name: _____

Child's Birthday*: _____

*must be 3 by 9/30/2018, must be 4 by 9/30/2018, and must be 5 by 12/31/2018.

Address: _____

City: _____ State: _____ Zip Code: _____

Mother's Name: _____

Home Phone: _____ Cell: _____ Work: _____

Father's Name: _____

Home Phone: _____ Cell: _____ Work: _____

E-mail(s): _____

Please mark a 1st and 2nd choice and circle correct age

Please check:	Age	Days	Time	Cost per month
<input type="checkbox"/>	3/4	Mon/Fri	8:45-11:15	\$105
<input type="checkbox"/>	3/4	Mon/Fri	12:15-2:45	\$105
<input type="checkbox"/>	3/4/5	Tues/Wed/Thurs	8:45-11:15	\$135
<input type="checkbox"/>	3/4/5	Tues/Wed/Thurs	12:15-2:45	\$135

A 65.00 non-refundable registration fee (per child) is required with registration form -- registration fee will be refunded if your child is put on a waiting list.

In-house registration will be held the month of January for all families already enrolled in our program. All new registrations will be dated and numbered as they are received and will be placed at the beginning of February. You will be notified no later than February 1st of your placement.

For Office Use Only:	Date Received _____
Check# _____	Cash _____ Amount _____