


# Cannon Church Preschool

## Registration Form 2019-2020

**Two Year Old Class** (Age 2 on or before September 1, 2019)

|  |   |  |   |
|--|---|--|---|
|  | <b>Indicate Your Day Preference</b>   |  |   |
|  | Tuesday & Thursday<br>9:00-12:00<br><input type="checkbox"/><br>\$150.00/month<br>Registration Fee:<br>\$160.00 | Mon/ Wed/ Fri<br>9:00-12:00<br><input type="checkbox"/><br>\$175.00/month<br>Registration Fee:<br>\$185.00 | Mon-Thurs<br>9:00-1:00<br><input type="checkbox"/><br>\$205.00/month<br>Registration Fee:<br>\$215.00 |
|  | Please indicate: <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student                |  |   |

### Student Information

|                                  |  |
|----------------------------------|--|
| Child's Full Name                | Prefers to be called   |
| Age on 9/1/19                    | Date of Birth  |
|                                  | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Home Address                     | Subdivision  |
| City & Zip                       | Home Phone   |
| Email address checked most often |  |

### Parent Information

|   |                  |                    |
|---|------------------|--------------------|
| Mom's Name  | Occupation       | Work Phone         |
| Dad's Name  | Occupation       | Work Phone         |
| Mom's Cell Phone  | Dad's Cell Phone |                    |
| Does child live with both Parents? <input type="checkbox"/> Yes <input type="checkbox"/> No                   |                  | If not, with whom? |
| Church Affiliation:   |                  |                    |
| May we publish your home phone in our class listing? <input type="checkbox"/> Yes <input type="checkbox"/> No |                  |                    |

### Sibling Information

|      |     |      |     |
|------|-----|------|-----|
| Name | Age | Name | Age |
| Name | Age | Name | Age |

### Tuition Information:

*Cannon Preschool sends out monthly tuition statements. Please provide the name and mailing address of the responsible party*

| For Preschool Office Use Only                    |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Signature Form Received | <input type="checkbox"/> Immunization Form Received | <input type="checkbox"/> Copy of Birth Certificate Received | Registration Received on Date: _____<br>Amount: _____ Check # _____ |

