Ebenezer Preschool Registration 2011-2012 Today's Date:		
Child's Name	Birth Date:	
Male or Female	Nickname if used or preferred:	
Home Phone: ( )	Development:	
Home Address:		
City:	State:	Zip Code:
Mother's Name:	Cell Phone:	
	Business Phone:	
Father's Name:	Cell Phone:	
	Business Phone:	

Two Year Old Program: (Will be two at time of enrollment)

Two or Three Days a Week: Tuesday, Thursday **or** Monday, Wednesday & Friday

Please circle class & method of payment : Yearly Two Payments Monthly Payments

Three Year Old Programs:

TWO DAY THREES:
Tuesday, Thursday

THREE DAY THREES:
Monday, Wednesday, Friday

EARLY THREES: (Will be turning 3 between Sept. & Dec.)
Monday and Friday

Please circle class & method of payment : Yearly Two Payments Monthly Payments

Four Year Old Programs:

THREE DAY FOURS:
Monday, Wednesday, Friday

Three Day Fours:
Tuesday, Wednesday, Thursday

FIVE DAY FOURS:
Monday through Friday

Please circle class & method of payment: Yearly Two Payments Monthly Payments

Please make checks payable to **Ebenezer Preschool**. Non-refundable fee of $60.00

Office Use Only:	Acceptance Package:	
Payment:	Emergency Numbers:	Health Form:
Check Number:	OCCL permission:	Health Form Returned: