

Ebenezer Preschool Registration 2010-2011 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 Ten 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 Ten 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 Ten 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: