



Child's Name: _____

Child prefers to be called: _____

Age: _____ Birthdate: Month _____ Day _____ Year _____

Parents/Guardians: _____

Home Phone #: _____

Home address: _____

Father's Work#: _____ Cell #: _____

Work address: _____

Mother's Work#: _____ Cell #: _____

Mother's work address: _____

Any known allergies? _____

Any special needs? _____

How did you hear about God's Gifts Preschool?

_____ Friend

_____ Relative

_____ Newspaper

_____ Drive by

_____ Phone book

_____ Other: _____

Program you wish your child to attend (please number by preference 1-2)

3 year old T/TH AM: _____

3 year old T/TH PM: _____

3 year old M/W AM: _____

4 year old M/W/F AM: _____

4 year old M/W/F PM: _____

4 year old M/TU/W AM: _____

4 year old M/T/W PM: _____

4 year old M-TH AM: _____

4 year old M-TH PM: _____

\$50 non-refundable Registration fee:

cash _____

Check# _____

Monthly Tuition:

2-days/week \$130

3-days/week \$175

4-days/week \$210

First month's tuition: (not required at registration but due at the August Parent Orientation Meeting)

Cash _____

Check# _____

Your completed form may be emailed to our director Jodi Larson or drop it off at the church office.

