Date	Received:	
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MOM'S DAY OUT PROGRAM

Ellisville Weekday Preschool 137 Clarkson Road Ellisville, MO 63011 REGISTRATION FORM 2015 - 2016

Child's Name		Name Used			
Date of Birth		Male	Female		
(Father's First and Last Name)		(Mother	(Mother's First and Last Name)		
Address					
(Str	reet)	(Cit	y) (Zip)		
Home Phone:		Cell Phone	Cell Phone:		
Email Address:					
Parent's Church					
Member of this Ch	urch? (Please	circle) Yes	No		
2 1	safe, secure envi		where infants and toddlers will all time will allow you and your		
	Days and Times		Tuition		
1 – Day Class	•	9:00 - 1:00 9:00 - 1:00	\$ 100.00 \$ 100.00		
2 – Day Class	Wed. and Thurs. 9:00 – 1:00		\$180.00		
Registration: A r Preschool should a			e to Ellisville Weekday		
Office Use Only:		Registration Fee Pd:			
		Check #:			
		Date Rec'd			