

Date Received: _____

YOUNGER PRESCHOOL

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

Child's Name _____ Name Used _____
(First) (Middle) (Last)

Date of Birth _____ Male _____ Female _____

(Father's First Name) (Father's Last Name) (Mother's First Name) (Mother's Last Name)

Address _____
(Street) (City) (Zip)

Email Address: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Parent's Church _____ School District _____

Previous Group Experience _____

Age(s) of siblings _____

Member of this Church? (Please circle) Yes No

**YOUNGER PRESCHOOL PROGRAM
Children must be three years old by August 1st.**

| | <u>Days and Times</u> | <u>Tuition</u> |
|----------------------|---|------------------------|
| 3 – Day Class | Tues., Wed., Thurs. 9:00 – 12:00 | \$235/Mo. _____ |
| 4 – Day Class | Mon., Tues., Wed., Thurs. 9:00 – 12:00 | \$250/Mo. _____ |

Registration: A nonrefundable registration and supply fee of \$100.00 made payable to Ellisville Weekday Preschool should accompany this form. (Parents do not need to provide any supplies or backpacks/tote bags.)

Office Use Only:

D.A. _____

Reg./Supply Fee Pd: _____

Check #: _____

F.S. _____

Date Rec'd. _____