

Date Received: \_\_\_\_\_

**TIME TO GROW**

**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

**TIME TO GROW PROGRAM**

**Children should be five years old by August 1<sup>st</sup>.**

**Days and Times**

**Tuition**

**4 – Day Class Mon., Tues., Wed., Thurs. 9:00 – 12:00 \$250/Mo. \_\_\_\_\_**

**Registration:** A nonrefundable registration, transportation 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. \_\_\_\_\_