

Date Received: _____

TWO YEAR OLD 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 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

	<u>Days and Times</u>	<u>Tuition</u>
1 – Day Class	Wed. 9:00 – 12:00	\$ 90.00 _____
1 – Day Class	Thurs. 9:00 – 12:00	\$ 90.00 _____
2 – Day Class	Wed. and Thurs. 9:00 – 12:00	\$165.00 _____

Registration: A 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. _____