

Parent/Guardian Information

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Custodial Parent (If married, mark both parents)

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Work Phone: _____ Custodial Parent (If married, mark both parents)

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Date of Birth: _____

Child's age: _____ Gender: Male Female

Age Group Preference: 3's _____ 3/4 _____ PreK _____

Class preference: Morning _____ Afternoon _____ Either _____

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

Photographs: May we take photos of your child for publication (advertisement, Facebook, etc)? Yes No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pickup Name: _____ Phone: _____

Relationship to the Child: _____ [] Able to pick up all the children in the family

2nd Contact/Pickup Name: _____ Phone: _____

Relationship to the Child: _____ [] Able to pick up all the children in the family

Special Instructions if needed: _____

2018-2019 Registration Information:

Non-refundable registration fee: \$50.00

Late Withdrawal Penalty: If your child's 2018-2019 registration with ARK Preschool is canceled after July 31st, a penalty fee of \$250 will be issued.

Tuition / Payment Information

Full-time Tuition Amount: \$250.00 per month

Payments will made [] Weekly [] Bi-Weekly [] Monthly [] Other _____

Checks payable to Arbor Heights Community Church

Tuitions are due by the 5th of each month. A late fee of \$10 will be added if not received by the 10th. Families are welcome to pay for the year in full.

Additional Comments & Information:

Is there any other information that would be helpful to our management and teaching staff? _____

Signature:

Parent's Signature: _____ Date: _____