Ark Preschool Registration Form

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

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: _____

_____

2019-2020 Registration Information:

Non-refundable registration fee: $75.00

First month's tuition payment is due at the time of registration.

This payment is refundable until July 31st. As of August 1st, this payment is non-refundable.

Tuition / Payment Information

Full-time Tuition Amount: $300.00 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: _____