

Registration for First Covenant Preschool

Child's Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ ZIP Code: _____

Primary E-mail Address: _____

Father: _____ Occupation: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Mother: _____ Occupation: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Child's Doctor or Pediatrician: _____ Phone: _____

Does your child have any special needs? If so, please explain: _____

Allergies or other chronic medical conditions? _____

How did you learn about our preschool? _____

Please choose two and indicate 1ST and 2ND choice:

Preschool (3-year-olds)

- ___ 2 day/2-hour T/TH AM 9:00 am - 11:00 am
- ___ 3 day/2-hour MWF AM 8:45 am - 10:45 am
- ___ 3 day/3-hour MWF AM 8:45 am - 11:45 am
- ___ 3 day/2-hour MWF PM 12:30 pm - 2:30 pm
- ___ 3 day/3-hour MWF PM 12:30 pm - 3:30 pm

Pre-K (4 & 5-year-olds)

- ___ 3 day/2-hour MWF AM 8:45 am - 10:45 am
- ___ 3 day/3-hour MWF AM 8:45 am - 11:45 am
- ___ 3 day/2-hour MWF PM 12:30 pm - 2:30 pm
- ___ 3 day/3-hour MWF PM 12:30 pm - 3:30 pm

Multi-Age (3, 4 & 5-year-olds)

- ___ 2 day/2-hour T/TH AM 9:00 am - 11:00 am

Two-by-Two

- ___ Tuesday 12:00 pm - 1:30 am
- ___ Thursday 12:00 pm - 1:30 am

Five-day classes available: Select both the T/TH multi-age class and a MWF class.

Note: We will fill requests in the order that they are received. You will be notified if your first choice cannot be honored. Those on a waiting list will be contacted as soon as an opening becomes available, usually late summer.

I understand that the registration fee is non-refundable unless I decide by May 1ST to send my child to Kindergarten.

Parent Signature: _____

Date registration received: _____ Choice honored: ___ 1ST ___ 2ND

Date \$35 registration fee paid (\$15 for Two-by-Two): _____ Check #: _____ Cash: _____