

Registration for Preschool Care 2011-2012

Mountain View Christian Preschool & Kindergarten

"Teaming with parents in the education of their children"

Child's Name: _____ Social Security Number: _____

Birthdate: _____ Home Phone: _____

Mother's Name: _____ Social Security Number: _____

Work Phone: _____ Cell Phone: _____

Father's Name: _____ Social Security Number: _____

Work Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Day to attend: **M T W Th F** **Full time / Half Days** (Circle one)

Half Day Request: _____ am _____ pm (Check one)

Arrival Time: _____ Pick-up Time _____

Has there been any change in address, phone numbers, place of employment, marital status, etc. since your original forms were completed? YES _____ NO _____

If yes, please indicate the changes below: _____

I hereby confirm that all information given about by me is both current and correct.

Signature of Parent or Guardian: _____ Date: _____

For School Use Only

Date Registration Form was Returned: _____

Early Bird Discount Registration: _____ Good Until: _____

Registration Fee: _____ Date: _____

Class Assignment: _____