



# Child of God Preschool

## 2011 – 2012 SCHOOL YEAR REGISTRATION FORM

Please fill out and return with the \$50.00 nonrefundable registration fee (\$25.00 for second child)

to: Child of God Preschool  
PO Box 729  
Newark, Ohio 43058-0729

A space cannot be secured until this registration fee is received.

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Age your child will be when they begin school \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

I am interested in Morning Half-Day Preschool:

\_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs

I am interested in Before-School Care:

\_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs

I am interested in Extended Class:

\_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs

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Office use:

Date received \_\_\_\_\_ Payment \_\_\_\_\_

Classroom assignment \_\_\_\_\_

Letter 1 \_\_\_\_\_ Letter 2 \_\_\_\_\_