

## **Celebration Kids Preschool** Registration Form 2024-2025

License #01341593

Family Information		
Child's Information		
Name	Date Of Birth	
Home Address		
City	_ State ZIP	
Gender 🗆 Male		
Please note any special health n	eeds, medications, or allergies your child might have:	
Parents' Information		
Mother's Name	Father's Name	
	Home Phone	
	Home Address	
	Driver's License #	
Date of Birth	Date of Birth	
Company Name	Company Name	
Occupation	Occupation	
Business Phone	Business Phone	
Cellular Phone	Cellular Phone	
Email	Email	
Cellular Phone Email	Cellular Phone	
	has legal custody?	
With whom does the child resic	de?	
Church Affiliation		
Celebration Church		
	e Sunday Ministries of Celebration Church.	
	Denomination	
	Denomination	

am not attillated with a church.

## Local Emergency Contacts

Name	Relation	
Address		
Name Address	Relation Phone #	
Name Address		
Program Information (Please mar	'k your desired schedule) Regis	tration Fee \$150
<ul> <li>2 &amp; 3 Year Class (with potty train HALF DAY SCHEDULE         <ul> <li>M-F 8:30 a.m 11:50 a</li> <li>M-W-F 8:30 a.m 11:50 a</li> <li>T-TH 8:30 a.m 11:50 a</li> <li>Other Schedule (Please</li> </ul> </li> </ul>	FULL DAY S           a.m.         M-F         7:00           a.m.         M-W-F         7:00	) a.m 6:00 p.m. a.m 6:00 p.m. ) a.m 6:00 p.m.
<ul> <li>3 Year Class (must be fully potty tr <u>HALF DAY SCHEDULE</u> M-F 8:30 a.m 11:50 a.m M-W-F 8:30 a.m 11:50 a T-TH 8:30 a.m 11:50 a Other Schedule (Please)     </li> </ul>	FULL DAY So           n.         Image: M-F         7:00           n.m.         Image: M-W-F         7:00	a.m 6:00 p.m. a.m 6:00 p.m. a.m 6:00 p.m.
<ul> <li>Pre-K Class (must be 4 years old by HALF DAY SCHEDULE</li> <li>M-F 8:30 a.m 11:50 a.m.</li> <li>M-W-F 8:30 a.m 11:50 a.m.</li> <li>T-TH 8:30 a.m 11:50 a.m.</li> <li>Other Schedule (Please</li> </ul>	FULL DAY So           n.         Image: Model of the second sec	7:00 a.m 6:00 p.m. 7:00 a.m 6:00 p.m. 7:00 a.m 6:00 p.m.
	o.m. Monthly Half Day	y Program 8:30 a.m 11:50 a.m. Mont
<u>3 year/Pre-K</u> <u>2 yr /Po</u> Full Days \$1200 \$1330 Full Days \$1005 \$1135 Full Days \$825 \$940 Full Days \$650 \$750	otty Training 5 Half Da 4 Half Da 3 Half Da 2 Half Da	ays \$605 \$705 ays \$490 \$560
I acknowledge and agree to the abo	ve stated policies, procedure	es, and fee schedules.
Parent or Legal Guardian Signature:		
Parent or Legal Guardian Signature:		Date
Date registration was received: Registration received: Registration paid by: Group placement:	Office Use Only ved: s □ no h □ on-line or □ Ck# Enrollment Status	🗆 bill to account

Waiting list #:

. . . . . . . . . . . . . . .

Parent notified: 🗆 letter or 🗆 phone call Date: \_\_\_\_\_

 Full Registration Packet sent- Date: \_\_\_\_\_
 Full Registration Packet returned- Date: \_\_\_\_\_
 Start Date: \_\_\_\_\_ \_\_\_\_