

# CLAIRMONT PRESBYTERIAN KINDERGARTEN

## Registration Form

Child's Name: \_\_\_\_\_ Prefers to be called: \_\_\_\_\_  
 Sex: \_\_\_\_\_ Birth date(m/d/y): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Fathers Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_  
 email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_  
 email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Household Member(s):**

\_\_\_ mother \_\_\_ father \_\_\_ grandparent(s) (names): \_\_\_\_\_  
 \_\_\_ brother(s) (names, ages): \_\_\_\_\_  
 \_\_\_ sister(s) (names, ages): \_\_\_\_\_  
 \_\_\_ others-(names/relationship) \_\_\_\_\_ pets-(type/names): \_\_\_\_\_  
 Church membership - mother: \_\_\_\_\_ father: \_\_\_\_\_

Have you had your child enrolled in this school previously? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

### About the Child

Special interest, activities: \_\_\_\_\_  
 Former playground/school experience: \_\_\_\_\_ Sunday School? \_\_\_\_\_  
 Difficulties with: speech? \_\_\_\_\_ hearing? \_\_\_\_\_ vision? \_\_\_\_\_  
 Other physical problems? \_\_\_\_\_ allergies? \_\_\_\_\_  
 Specific fears? \_\_\_\_\_

Please tell us anything else you think might help us to know your child better, become friends more quickly, and help him/her have a happy, learning, growing time at school. (use back of sheet)

I hereby register my child in the Clairmont Presbyterian Kindergarten for the 2011-2012 school year and enclose the registration fee of \$125 for the 1st child, \$90 for each additional child: the 5 year class also has a \$75 book fee (*due with registration fee*). Registration fee is *NOT* refundable. I understand I am registering for the entire school year and my child's tuition is divided into nine equal monthly payments as listed below:

**PLEASE CHECK ONE:**

All classes meet: 8:45 - 11:45 a.m.

		<i>Per Month</i>
<input type="checkbox"/> Five year old class	5 days, Mon-Fri	\$250
<input type="checkbox"/> Four year old class	4 days, Mon-Thurs	\$225
<input type="checkbox"/> Three year old class	3 days, Mon/Wed/Fri	\$205
<input type="checkbox"/> Three year old class	2 days, Tues/Thurs	\$185
<input type="checkbox"/> Two year old class	2 days, Mon/Wed	\$185
<input type="checkbox"/> Two year old class	2 days, Tues/Thurs	\$185
<input type="checkbox"/> Toddler class(Parents Morning Out)	2 days, Mon/Wed	\$165
<input type="checkbox"/> Toddler class(Parents Morning Out)	2 days, Tues/Thurs	\$165

- I give permission for my address and number to be printed in the Clairmont Presbyterian Kindergarten Directory.  
 I do not want my information published.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_