



Celebration Preschool Summer Registration Form 2010

Family Information

Child's Information

Name _____ Date Of Birth _____

Home Address _____

City _____ State _____ ZIP _____

Gender Male Female

Please note any special health needs, medications, or allergies your child might have:

Parents' Information

Mother's Name _____ Father's Name _____

Home Phone _____ Home Phone _____

Home Address _____ Home Address _____

Driver's License # _____ Driver's License # _____

Date of Birth _____ Date of Birth _____

Company Name _____ Company Name _____

Occupation _____ Occupation _____

Business Phone _____ Business Phone _____

Cellular Phone _____ Cellular Phone _____

Pager _____ Pager _____

Email _____ Email _____

Marital Status: (check one) Married Separated Divorced Widowed Single

If divorced or separated who has legal custody? _____

With whom does the child reside? _____

Church Affiliation

Celebration Christian Center

I actively participate in the Sunday Ministries of Celebration Christian Center.

Other Church Name _____ Denomination _____

I am not affiliated with a church.

Summer 2010

Registration Fee \$75.00

Tuition Schedule

Full Day Program 7:00 a.m. - 6:00 p.m. Monthly	Half Day Program 7:00 a.m. - 11:45 a.m. Monthly
5 Full Days M-F \$750.00	5 Half Days M-F \$435.00
3 Full Days M-W-F \$515.00	3 Half Days M-W-F \$300.00
2 Full Days T-TH \$400.00	2 Half Days T-TH \$220.00

Program Information (Please write in your 1st and 2nd choice)

- Busy Bees Class** (must be 3 years old by September 2, 2010)
- | | |
|---|--|
| <input type="checkbox"/> M-F 7:00 a.m. - 11:45 a.m. | <input type="checkbox"/> M-F 7:00 a.m. - 6:00 p.m. |
| <input type="checkbox"/> M-W-F 7:00 a.m. - 11:45 a.m. | <input type="checkbox"/> M-W-F 7:00 a.m. - 6:00 p.m. |
| <input type="checkbox"/> T-TH 7:00 a.m. - 11:45 a.m. | <input type="checkbox"/> T-TH 7:00 a.m. - 6:00 p.m. |

- Pre-K Summer Class** (must be 4 years old by September 2, 2010)
- | | |
|---|--|
| <input type="checkbox"/> M-F 7:00 a.m. - 11:45 a.m. | <input type="checkbox"/> M-F 7:00 a.m. - 6:00 p.m. |
| <input type="checkbox"/> M-W-F 7:00 a.m. - 11:45 a.m. | <input type="checkbox"/> M-W-F 7:00 a.m. - 6:00 p.m. |
| <input type="checkbox"/> T-TH 7:00 a.m. - 11:45 a.m. | <input type="checkbox"/> T-TH 7:00 a.m. - 6:00 p.m. |

To expedite the registration process please make sure to check your first and second program choices. If your first choice is unavailable we will automatically place you in your second program choice. If neither of your choices are available we will then place you on our waiting list.

Date: _____
 Parent or Legal Guardian Signature: _____

Office Use Only

Date registration was received: _____
 Registration Fee Received: yes no Date Received: _____
 Registration Fee Paid By: Cash Check # _____

Enrollment Status

Class placement: _____
 Waiting list #: _____
 Parent notified: letter or phone call Date: _____