

Name of Child _			WALLET THE THE THE THE THE THE THE THE THE T
Date of Birth		Age	Gender
Name of Parent	s/Guardians		
Address			
Phone Number(s)		
Email	nail Religious Preference		
Enrolling in the	following program:		
Full D	Pay Preschool (Hours of c	pperation are 6:30ar	n - 5:00pm)
	Monday – Friday	\$425 monthly	
	Tues./Thurs.	\$220 monthly (1imited availability)
	Mon./Wed./Fri.	\$295 monthly (limited availability)

Pre-registration is not considered complete until the \$50 non-refundable registration fee and a copy of Birth Certificate are provided.