

Rockrimmon Christian Preschool Pre-Registration Form

Info@RockrimmonChristianPreschool.com
728 Village Center Drive, Colorado Springs 80919
719-599-0066

Home Information

Child's Full Name: _____

Date of Birth: _____ Current Age: _____ Male: ___ Female: ___

Current Address: _____

Parent or Guardian Information:

Mother's Name: _____ Father's Name: _____

Mother's Home Phone: _____ Father's Home Phone: _____

Mother's email: _____ Father's email: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Include the Registration Fee of \$50 to reserve your child's place in the preschool (non-refundable). You will be sent a complete registration package and Family Handbook to complete your child's enrollment.

Registration Fee paid: _____ Date: _____

| | | | |
|------------------------|---------------------|---------------------|---------------------|
| Circle Program: | <u>2-Day</u> | <u>3-Day</u> | <u>5-Day</u> |
| MORNING | Tues/Thur | Mon/Wed/Fri | Mon through Fri |
| AFTERNOON | Tues/Thur | Mon/Wed/Fri | Mon through Fri |

I, the parent of _____, have pre-registered by child in Rockrimmon Christian Preschool. I acknowledge that the above information is correct to the best of my ability. I give my permission for my child to participate in Rockrimmon Christian Preschool.

Parent's Signature: _____ Date: _____