

Shoal Creek Community Preschool

2010-2011 Registration Agreement

Child's Full Name (and nickname): _____

Date of Birth: _____ Please circle: Male Female

Mother's (Guardian's) Name: _____

Father's (Guardian's) Name: _____

Daytime Phone: _____ Home Phone: _____

Address: _____ Cell Phone: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Class Preference: _____ 3 – 4 year old Preschool (Tue/Thu, 9:00 a.m - 12:00 p.m.)

_____ 4 – 5 year old Pre-Kindergarten (Mon/Wed/Fri, 9:00 am -3:00 pm)

I agree to comply with the rules and regulations of Shoal Creek Community Preschool including:

- Providing a non-refundable \$50 registration fee along with this registration form.
- Paying the monthly tuition of \$90 (3-4 year olds) or \$185 (4-5 year olds) at the first of every month. (Checks are to be made payable to Shoal Creek Community Church.)
- Continuing to pay tuition for children absent from the program due to illness or other reasons, unless formally withdrawn from the program.
- Notifying the Director at least 2 weeks in advance should withdrawal become necessary.
- Assuring that child is in good health and free of communicable diseases each day he/she participates in program and has the necessary immunizations or required waivers.
- Understanding that your child will be taught Christian values, principles, and Biblical stories.
- Support the program by attending parent/teacher conferences and volunteering in the classroom at least twice during the academic school year.

Please list someone other than parents (guardians) listed above to be contacted in case of emergency:

| Name | Address | Phone Number |
|------|---------|--------------|
|------|---------|--------------|

Father's (guardian's) signature: _____ Date: _____

Mother's (guardian's) signature: _____ Date: _____

Classes begin September 1st, 2010