

325 S. Stott St. • Genoa, IL 60135 270-331-4369 • genoafaithumc.org

## Registration Form — 2024-2025 School Year

<b>Basic Information</b>				
Child's Name				
(as you wish your cl	nild to write and b	pe called at preso	hool)	
Date of Birth (mm/d	d/yyyy)			
•	33337			
Fees (payable to "Genoa	Preschool")			
Non-refundable regi	stration fee	\$50.00		
Deposit to be held for	or May tuition	\$100.00		
Snack Fee		\$40.00		
Total due upon regi	stration	\$190.00		
(Note: 4-year old stu	udents will owe \$	20 in May for the	rest of tuition)	
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Class Choice (please i	indicate)			
	<del></del>			
4-Year-Old Class (	must be 4 befor	e Sept. 1st) – Th	ree Days per Week	
Mon/Wed/F	ri. <i>mornings</i>		Mon/Wed/Fri. afternoons	
	1:00 a.m.	-OR-	• 12:00 to 2:30 p.m.	
• \$120.00	monthly fee		<ul> <li>\$120.00 monthly fee</li> </ul>	
3-Year-Old Class (	must be 3 befor	e Sept. 1 <sup>st</sup> ) – Tw	o Days per Week	
Tues/Thurs	s. mornings			
• 8:30 to 1				
	monthly fee			
Additional Notes				
□ Potty-trained All children must be potty-trained			<u>d</u>	
<ul> <li>Birth certificate</li> </ul>	te We need a copy of the child's <u>birth certificate</u>			
□ Physical	□ Physical We need a copy of the child's <u>physical</u>			
<u>Payment</u>				
Amount: \$	Date	Paid	Check #	



