REGISTRATION FORM
School Hours of Operation:
9:00am-1:00pm
Monday- Friday.

Annual registration fee of $85.00 due upon enrollment.
It is **NON-REFUNDABLE.**
Child must be POTTY TRAINED before first day of school.

Please mark all programs you are registering for.

EXTENDED MORNING PRESCHOOL: 9:00 A.M. to 1:00 P.M. (must bring a lunch)

_____ 2 Day Program		T/Th	$240 per month
_____ 3 Day Program	M/W/F or	T/W/Th	$300 per month
_____ 4 Day Program		M thru Th	$350 per month
_____ 5 Day Program		M thru F	$400 per month

MORNING PRESCHOOL: 9 A.M. TO 11:30 A.M.

_____ 2 Day - 2 ½ & 3 year old program	T/Th	$200 per month
_____ 3 Day – 3 & 4 year old program	M/W/F	$240 per month
_____ 4 Day – 3 & 4 year old program	M thru Th	$270 per month
_____ 5 Day – 3 & 4 year old program	M thru F	$300 per month

PRE-Kindergarten CLASSES: 9 A.M. TO 11:30 A.M.

_____ 3 Day Program	M/W/F **or**	T/W/Th	$240 per month
_____ 4 Day Program		M thru Th	$270 per month
_____ 5 Day Program		M thru F	$300 per month

LUNCH BUNCH: 11:30 A.M. to 1:00 P.M. (Optional)

Students must bring their own lunch and beverage. The **charge is $5.00 per day**. This is strictly a social time; the children will have extra playground time and eat lunch together.
Please circle the days your child will be staying per week.

Monday   Tuesday   Wednesday   Thursday   Friday

DATE of application: _____

Annual Registration Fee: $85.00.
This is non-refundable once paid.

* 10% discount off of the monthly tuition for First Presbyterian Church members.
* 10% discount off of the monthly tuition for City of Mesa employees.
* 20% discount on monthly tuition for the second child enrolled.

_____
Child's First Name   Last Name   Date of Birth

_____
Parent's Names (Mom)   (Dad)

_____
Home Address   City   State   Zip code

_____
Home Phone Number   Cell Number (Mom)   Cell Number (Dad)

_____
Email Address (Mom)   Email Address (Dad)

For Office Use
Inquiry (date): phone _____ walk-in _____ email _____ Followup: _____

Date Rec'd_____ Amount received Cash_____ Check #_____

Class_____Teacher_____

Time_____Days_____

Emergency Blue Card_____ Immunization Record_____

Total Monthly Tuition_____