ODAY'S DATE	
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REGISTRATION FORM

		NAME OF CHILD		
	300	Please indicate name child will use	e at school	
	Preschool Anchorage, Alaska	AGE (at present)	BIRTHDATE	
PARI	ENTS' OR GUARDIANS':	NAME		
		NAME		
Atte	nd St. John United Metl	hodist Church? yes	no	
Pho	ne	Phone 2		
Best	Email for Family			
Mail	ling Address		Zip	
		Registration Fee \$	150.00	
by C	ash, Credit Card or Che		to secure a position in the class. Payment reschool (NHPS). You may also register	
		Program Choice 202	4 - 2025	
	Please check yo	•	ll try to honor your preference.	
	dy Bears s. by 9/1/24	2 day A.M. program 9:00 – 11:30 Tue & Thurs.	Tuition: \$180 each month	
	n <u>bows</u> s. by 9/1/24	3 day A.M. program 9:00 – 11:30 Mon/Wed/Fri	Tuition: \$255 each month	
	guins s. by 12/31/24	4 day P.M. program 12:30 – 3:00 M/T/W/Th	Tuition: \$315 each month	
l uno mor		uires an adult from each family	to help in the classroom at least once each	
		Initial		
	For Office Use: Amount Rec'd	Cash/CC/ Check #	Date	