|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | A picture containing flower  Description automatically generated | David Welch: Preschool Director  5975 Armaga Spring Rd. RPV, Ca., 90275  310 377-8821 |     **Non-Refundable Registration Fee: $160.00. Returning Registration Fee: $75.00 Extra $25.00 a month potty**  **training fee.** | | | | | | | | | | | |
| **PLEASE CIRCLE SESSION(S) YOU WISH TO ENROLL YOUR CHILD:**  Hours: Days 5 Day 4 Day 3 Day | | | | | | | | | | | |
| **Extended Day (8am-5:30pm) M-T-W-TH-F** | | **$1100.00** | | | | | **$900.00** | | **$750.00** | |
| **Full Day (9am-3pm) M-T-W-TH-F** | | **$850.00** | | | | | **$750.00** | | **$650.00** | |
| **½ Day (9am-1pm) M-T-W-TH-F** | | **$750** | | | | | **$650.00** | | **$550.00** | |
| **What time will your child arrive in the morning? (Approx.) 8:00 / 9:00 \_\_\_\_\_\_\_ Pick Up? \_\_\_\_\_\_\_** | | | | | | | | | | | |
| **Child Information** | | | | | | | | | | | |
| Name of Child: (First, Middle, Last) | | | | | Name child goes by: | | | | |  | |
| Birthdate: | Sex (M / F) | | | | \*Is child fully potty trained? Yes \_\_\_ No \_\_\_ | | | | | | |
| Place of Birth: | Physicians Name and Number: | | | | Primary Language Spoken at Home: | | | | | | |
| Elementary School the child will attend for Kindergarten or TK? | | | | | | | | | | | |
| Any allergies or special needs teacher should be aware of? | | | | | | | | | | | |
| **Family Information** | | | | | | | | | | | |
| Mother’s Name: | | | | Father’s Name: | | | | | | | |
| Siblings / Brother(s): Age(s): | | | | Siblings / Sister(s): Age(s): | | | | | | | |
| How did you hear about Mt. Olive Preschool? | | | | Church family attends: | | | | | | | |
| **Address and Phone Numbers** | | | | | | | | | | | |
| Address (# & Street): | | | | City: | | ZIPCODE | | Home Phone: | | | |
| Mother’s Phone Numbers ---- Home phone:  Cell phone: | | | Mother’s Employer:  Work Phone: | | | | | | | | |
| Father’s Phone Numbers ---- Home phone:  Cell phone: | | | Father’s Employer:  Work Phone: | | | | | | | | |
| **Family Email address**: | | | | | | | | | | | |
| Parent Signature: Date: | | | | | | | | | | | |