

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.

training lee.						
PLEASE CIRCLE SESSION(S) YOU WISH TO ENROLL YOUR CHILD:						
Hours:	lours: Days		4 Da	ay	3 Day	
Extended Day (8am-5:30pm)	M-T-W-TH-F	\$1100.00	\$900.0	00	\$750.00	
Full Day (9am-3pm)	M-T-W-TH-F	\$850.00	\$750.0		\$650.00	
½ Day (9am-1pm)	M-T-W-TH-F	\$ 7 50	\$650.0		\$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:				
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 Nun	nber:	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:	Father's Name:				
Siblings / Brother(s):	Age(s):	Ciblings / Cistor(s	Siblings / Sister(s): Age(s):			
Siblings / Brother(s): Age(s):		Sibilitigs / Sister(s	Sibilities / Sister(s): Age(s):			
How did you hear about Mt. Olive Preschool?		Church family a	Church family attends:			
Address and Phone Numbers						
Address (# & Street):		City:	ZIPCODE	Home P	hone:	
Mother's Phone Numbers Home phone:		Mother's Employe	Mother's Employer:			
Cell phone:		Work Phone:				
Father's Phone Numbers Home phone:		Father's Employer	Father's Employer:			
Cell phone:		Work Phone:	Work Phone:			
Family Email address:						
Parent Signature:	Date:					

Office Use Only: Reg Fee: Cash- Check # Date Rec'd: Start Date: