

The
Community Congregational Preschool

276 "F" Street
Chula Vista CA 91910
Phone: (619) 420-2046

2025-26 REGISTRATION

Thank you for your interest in our preschool! We are looking forward to an exciting new school year.

Please complete the bottom half of this form. Indicate which days your child will be enrolled. There is a \$125.00 non-refundable registration fee per child or/ (\$155.00 per Family.)

Upon receipt of this form and the registration fee, your child will be placed on our enrollment list for the 2025-26 school year and an enrollment packet with all the necessary forms and agreements will be forwarded to you.

Thank you and welcome to Community Congregational Preschool!

2025-26 REGISTRATION FORM

Child's Name: _____ Birth Date: _____

Address: _____ First contact # _____

City _____ -Zip _____

Names of Parents/Guardians: _____

Work Telephones/Cells: _____

e-mail address: _____

Days Enrolled- Mon-Tues-Wed-Thurs-Fri- 2 Days, 3 Days, 4 Days, 5 Days

Mornings _____ Afternoons _____ Full Days _____

Time: From _____ To _____ What Days? M T W T H F

The Preschool compiles a roster of children currently enrolled with names and telephone numbers / e-mail which may be released to other parents.

☐ Yes, please include me. ☐ No, I do not wish to be included.

How did you hear about our school? _____