Temple Baptist School and Day Care Registration Form

Child's Name	Birthday	/	/	
Parent/Guardian Name				
Phone Number				
Email				
Parent/Guardian Name				
Phone Number				
Email				
Please indicate your child's projected start date:	:			
l,, un	derstand that the region	stration fee	of \$75 in non	-refundable Lalso
understand that when registering at Temple Bap				
date to attend. If I choose to extend my start d				
fee in the full amount of \$75.				
Signature			Date	
How did you hear about us?				
Online Search Facebook	Flyer/Brochure	Si	gns	
Referred by				