

Date:

No.



2024-2025 Registration Form NEW STUDENTS

Child's Name _____ Birth Date _____

All students must be 3 years old by August 31, 2024

Age on Sept. 1, 2024 _____ years _____ months Male _____ Female _____

Anticipated Kindergarten Start Date (please circle): Fall of: 2025 2026 2027

First name you would like your child to learn and be called _____

Church affiliation _____ How did you hear about ALS? _____

Mom's Name _____ Occupation: _____

EMAIL: _____ Phone: _____

Dad's Name _____ Occupation: _____

EMAIL: _____ Phone: _____

Mailing Address: _____ City _____ Zip _____

Siblings Names/Ages/School: _____

Special Information (allergies, special needs, etc.) _____

Please indicate your first choice below:

To better balance the classrooms, we do not accept teacher or friend's together requests.

	Tuesday/Thursday	3 & 4 year old's	\$210/month
	Monday/Wednesday/Friday	3 -5 year old's	\$280/month
	5-day Pre-Kindergarten	4 & 5 year old's	\$375/month

Fees Due: Registration Fee \$75 (Non-refundable)
 August tuition \$ _____
 Total Due: \$ _____

*Tuition is paid one month in advance - You will not make a payment the last month of school

Please include additional forms to complete registration: **Initial:**

- ✓ Emergency, Information, and Immunization Record Card _____
- ✓ Copy of birth certificate or other proof of birthdate _____
- ✓ Copy of immunization record _____

OFFICE USE: Date _____ Email confirmed: _____ Cash _____ Check # _____
 Memo _____ Confirmation _____ Pre K homework _____