

2024-2025 Registration Form

NEW STUDENTS

Child's Name	Birth Date rs old by August 31, 2024				
Age on Sept. 1, 2024 years		Nale F	emale		
Anticipated Kindergarten Start Date (please circle): Fall of: 2025 2026 20					
First name you would like your child to <u>learn</u> and be called					
Church affiliation H	How did you hear about ALS?				
Mom's Name	Occupation:				
EMAIL:	Phone:				
Dad's Name					
	Phone:				
Mailing Address:	City		Zip		
Siblings Names/Ages/School:					
Special Information (allergies, special					
Please indicate your first choice bel					
To better balance the classrooms, we <u>do not a</u>		nd's together requ	ests.		
Tuesday/Thursday	3 & 4 year old's	\$210/month]		
Monday/Wednesday/Friday	3 -5 year old's	\$280/month			

Please include to complete registration:

5-day Pre-Kindergarten

- ✓ Registration Fee: \$75. Cash or Check. Non Refundable.
- Emergency, Information, and Immunization Record Card (attached)
- ✓ Copy of birth certificate or other proof of birthdate
- ✓ Copy of immunization record

FIRST TUITION DUE AUG 1:

Tuition is paid one month in advance - payments are due August through April and school is in session September through May. 10% Discount for tuition paid in full on Aug 1. The first day of school is Tuesday, 9/3/2024.

4 & 5 year old's \$375/month

OFFICE USE:	Date	Email confirmed:	Cash	_ Check #
	Memo	Confirmation	P	re K homework

