

Marine View Christian PRESCHOOL



MARINE VIEW CHRISTIAN PRESCHOOL REGISTRATION FORM

Child's Name _____
 Nickname _____
 Female _____ Male _____ Birth date _____
 Parents' Names _____
 Address _____
 _____ City _____ Zip _____

Home Phone (____) _____ Work Phone _____
 Cell Phone _____

Please select one of the following class schedules and attach the \$75 non-refundable registration fee to this form.

Children that are 3 yrs. old by August 31:

_____ Tuesday/Thursday
Tuition fee is \$98 per month for this class
 _____ Monday/Wednesday/Friday
Tuition fee is \$147 per month for this class

Children that are 4 yrs. old by August 31:

_____ Tuesday/Wednesday/Thursday/Friday
Tuition fee is \$196 per month for this class

Children that are 5 yrs. old by October 31:

_____ Monday/Tuesday/Wednesday/Thursday/Friday
Tuition fee is \$245 per month for this class

If the requested class is unavailable, will the alternate class be acceptable?
 Yes _____ No _____

- MARINE VIEW CHRISTIAN PRESCHOOL RESERVES THE RIGHT TO CANCEL ANY CLASS DUE TO LOW ENROLLMENT.

Parent Signature _____