

Marine View Christian PRESCHOOL



2012-2013 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 \$100 non-refundable registration fee to this form.

Children that are 2 yrs. old by August 31:
 _____ Monday/Wednesday 10:30-Noon
 _____ Tuesday/Thursday 10:30-Noon
Tuition fee is \$66 per month for this class
 * * * * *

Children that are 3 yrs. old by August 31:
 _____ Tuesday/Thursday 9:30-Noon
Tuition fee is \$110 per month for this class
 _____ Monday/Wednesday/Friday 9:30-Noon
Tuition fee is \$165 per month for this class
 * * * * *

Children that are 4 yrs. old by August 31:
 _____ Tuesday/Wednesday/Thursday/Friday 9:30-Noon
Tuition fee is \$220 per month for this class
 * * * * *

Children that are 4 yrs. old by October 31:
 _____ Monday/Tuesday/Wednesday/Thursday/Friday 9:30-Noon
Tuition fee is \$275 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.

Marine View Christian
PRESCHOOL



Parent Signature _____