

INDICATE CHILD T-SHIRT SIZE
(CIRCLE ONE)

Small - 6/8 Medium - 10/12

2008-2009 SCHOOL YEAR

**LA CASA DE CRISTO CHRISTIAN PRESCHOOL
6300 E. BELL RD, SCOTTSDALE, AZ 85254
REGISTRATION APPLICATION**

OFFICE USE ONLY:

WL# _____ # _____

REGISTRATION APPLICATION DATE _____ TIME _____

CHILD'S NAME _____ SEX _____ BIRTHDATE _____
(FIRST) (LAST)

HOME ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ CELL _____ E-MAIL _____

FATHER'S NAME _____ MOTHER'S NAME _____

EMPLOYER _____ EMPLOYER _____

BUSINESS PHONE _____ BUSINESS PHONE _____

CLASS OPTIONS (CHECK FIRST OPTION)

- _____ MINI 3'S T/TH AM 3 YR OLD CLASS (3 BY DEC. 31)
- _____ 2D3'S T/TH AM 3 YR OLD CLASS (3 BY SEPT. 1)
- _____ 2D3'S T/TH PM 3 YR OLD CLASS (3 BY SEPT. 1)
- _____ MINI 4'S MWF AM 4 YR OLD CLASS (4 BY DEC. 31)
- _____ 3D4'S MWF AM 4 YR OLD CLASS (4 BY SEPT. 1)
- _____ 4D4'S M-TH AM 4 YR OLD CLASS (4 BY SEPT. 1)
- _____ 4D4'S M-TH PM 4 YR OLD CLASS (4 BY SEPT. 1)
- _____ 4D5'S M-TH AM 5 YR OLD CLASS (5 BY DEC. 31)
- _____ 4D5'S M-TH PM 5 YR OLD CLASS (5 BY DEC. 31)

LUNCH BUNCH
11:45AM - 1:00PM
ADDITIONAL FEE
CHECK CHOICE(S)

MONDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____ (4 BY DEC. 31)

WRITE IN SECOND CLASS OPTION _____

(Should your first class option become filled, you will automatically be placed in your second option if available, and be put on the wait list for your first option.)

I INTEND FOR MY CHILD TO ATTEND FOR THE ENTIRE SCHOOL YEAR AND UNDERSTAND THAT I NEED TO GIVE ONE MONTH'S NOTICE OF WITHDRAWAL AND SIGN A WITHDRAWAL FORM.

SIGNATURE OF GUARDIAN REGISTERING _____

WOULD YOU LIKE TO RECEIVE INFORMATION REGARDING: { CHURCH MEMBERSHIP { SUNDAY SCHOOL { MOPS

OFFICE USE ONLY	
NONREFUNDABLE PROCESSING FEE _____ DATE _____	REGISTRATION PACKET SENT _____
NONREFUNDABLE REGISTRATION FEE _____ DATE _____	
CHURCH _____ CURRENT _____ SIBLING _____ PAST _____ COMMUNITY _____	