

DCPC Weekday Preschool



Age as of
8/31/17 _____

Birthdate _____

Please **CIRCLE ONE** for this child.

Currently Enrolled Church Member	Currently Enrolled Non-Church Member	Non-Enrolled Sibling Church Member	Non-Enrolled Church Member	Sibling Non-Church Member	Alumni	Community
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Child's Name: _____ Gender: **M** or **F**

Mom's Name: _____ Mom's Cell: _____

Mom's e-mail: _____

Dad's Name: _____ Dad's Cell: _____

Dad's e-mail: _____

Home Phone: _____

Address: _____

Does your child have any special conditions, disabilities or allergies? No _____

If yes, please specify: _____

Coordinate Sibling Schedule?
Yes / No

Sibling's Name _____

Sibling's Age _____

*Please # class selection in preferential order. *Must NUMBER Choice.*

18 months	2's	3's	4's	TK
<input type="checkbox"/> M/W Class \$225	<input type="checkbox"/> M/W/F \$250	<input type="checkbox"/> 3 Day T/Th/F \$240	<input type="checkbox"/> 4 day M-Th \$295.00	<input type="checkbox"/> 5 Day M-F \$345.00
<input type="checkbox"/> T/TH \$225.00	<input type="checkbox"/> T/Th \$200	<input type="checkbox"/> 4 Day-M-Th \$300	<input type="checkbox"/> 5 Day \$330.00	
Must be one by 2/1/17		<input type="checkbox"/> 5 Day M-F \$350		

★ Registration Fee and May 2018 tuition is NON REFUNDABLE if you receive placement in DCPC Weekday Preschool for the 2017 – 2018 academic school year. Please sign below and date noting that you have read this statement. _____

