

Park Hill Christian Church

Merry Moments Preschool Registration Form



Number of Days/Week: _____ Circle Days of Week: M T W TH F
(First year preschool minimum of 2 days, Pre-K minimum of 3 days)

Child's Name _____ o Boy o Girl Date of Birth _____

Street Address _____

City _____ State _____ ZIP _____

Cell Phone _____ Home Phone _____

Mother/Guardian:

Name _____

Phone _____ Email Address _____

Father/Guardian:

Name _____

Phone _____ Email Address _____

Parent Signature: _____ Date: _____

How did you hear about us? _____

<input type="checkbox"/> \$100.00 Non-refundable Registration Fee Check # _____	OFFICE USE ONLY
<input type="checkbox"/> 2-day student-\$125 <input type="checkbox"/> 3-day student-\$175 <input type="checkbox"/> 4-day student-\$215 <input type="checkbox"/> 5-day student \$250	
Registration received: _____	(by whom and date)