

Celebration

Station



Preschool

REGISTRATION FORM

CHILD'S NAME _____

CHILD'S DATE OF BIRTH _____

CHILD'S ADDRESS _____

PHONE _____

PARENT(S) NAME _____

E-MAIL _____

Morning Session 9:00-11:30 a.m. Afternoon Session 12:30-3:00 p.m.

*I understand that I must have a current medical statement (within the last year) signed by a physician for my child no later than 30 days after my child's enrollment date.

Yes _____ No _____

*I understand that my child is not registered in the class until the director receives this form along with a \$75.00 registration fee. Yes _____ No _____

*I understand that a monthly tuition of \$160.00 per month must be paid to maintain my child's enrollment. Yes _____ No _____

Payment may be made by cash or check made payable to: Celebration Station

Signature _____

Date: _____

Referred by _____