

Covenant Presbyterian Church Preschool Registration Form 2019-2020

Enrollment status: Presently Enrolled Sibling of Currently Enrolled
 Covenant Church Member Community

Full name of child: _____ Gender: M _____ or F _____

Name child is called: _____ Birth Date: _____

Home address and zip: _____ Phone: _____

_____ Cell Phone: _____

_____ E-mail: _____

Name of Father: _____ Occupation: _____

Business Address: _____ Telephone: _____

Name of Mother: _____ Occupation: _____

Business Address: _____ Telephone: _____

Church affiliation of mother: _____ father: _____

Other children in family (give name, age, sex of each)

Name of child's physician: _____ Telephone: _____

Are immunizations up to date for your child's age? Yes _____ No _____

(Immunizations are required for a child to be enrolled. Please discuss any exceptions to this policy with the Director prior to registration of your child.)

Weekday school previously attended: _____

Must indicate two classroom preferences:

Preference A: _____ Preference B: _____

We understand that the registration fee is non-refundable. We also understand that advance payment of one month's tuition (for which we will receive a statement by mail) is due by May 1st to reconfirm enrollment held by registration. This advance payment of tuition for May, 2020 is non-refundable. Should we need to withdraw our child after enrollment, we understand that we must give one month's notice.

We wish to enroll our child for the 2019-2020 school year. YES ___ or NO ___

Parent or guardian signature, please

Date

Your Registration Fee (\$85 for Covenant Presbyterian Church Members/\$100 for Non-members) is due with this form by February 8, 2019 (February 7 for priority). Please mail to:

Covenant Presbyterian Preschool
Attn: Preschool Director
1000 E. Morehead Street
Charlotte, NC 28204