

South Table Mountain PRESCHOOL

A Ministry of Faith Lutheran Church - Golden, CO

Start
Date: _____

Class: _____

Office Use Only

REGISTRATION FOR ENROLLMENT

I hereby apply for enrollment of my child to South Table Mountain Preschool.

Child's **Full** Name: _____

Address: _____ City _____ Zip _____

Birth date: _____ Age: ____ Sex: M ____ F ____

Parent/Guardian 1: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

Parent/Guardian 2: _____

Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

Preferred Schedule:

Days: M T W TH F

Time: (AM) _____ (Lunch Bunch) _____ (Full Day) _____

Today's Date _____ School Year _____

Parent/Guardian Signature _____

\$125 non-refundable registration fee due with this form. A \$100 annual supply fee will be billed on your first invoice.

Please do not write below this line _____

Director Signature _____

Registration Fee (\$125.00) received on: _____ Check # _____