

Ebenezer Preschool Registration 2018-2019

Registration Date: _____

Child's Name

Birth Date:

Male or Female

Nickname if used or preferred:

Home Phone: ()

Email:

Home Address:

City:

State:

Zip Code:

Mother's/ Guardian's Name:

Cell Phone:

Business Phone:

Father's/ Guardian's Name:

Cell Phone:

Business Phone:

Ebenezer Preschool reserves the right to make any adjustments based on class size, etc.

Please circle your choice of days, class schedule and method of payments:

Part one: day**TWO** Days Tues & Wed.
(2yrs old only)**THREE** Days Mon, Wed & Fri
(2 ,3, 4 yrs old)**FIVE** Days Mon – Fri.
(2 ,3, 4 yrs old)**Part two:** class schedule**Half Day** 9:00 Am-12:00 Pm**Full Day** 9:00Am – 2:30 Pm**Extended** 9:00Am – 4:30 Pm**Part three:** method of payment as seen on tuition forms**Ten Payments****Nine Payments***(After Sept ___ Payments)*

\$ _____

\$ _____

\$ _____

Additional Fees/Late Fees: Parent's will be charged additional fees for:

Late tuition payment fee \$15.00 Returned check fee \$15.00 Late pick up \$1.00 per minute after scheduled pick up time
Additional fees include field trips, participation in fundraisers and registration/ activity fees.

Parent/ Guardian Signature: _____**Date:** _____Please make checks payable to **Ebenezer Preschool.** Non-refundable Registration fee of **\$85.00**

EPS Office Use Only:

Acceptance Package:

Payment:

Emergency Numbers:

Health Form:

Check Number:

OCCL permission:

Health Form Returned: