3 YEAR OLD CLASS # ____

WEE BLESSINGS PRESCHOOL REGISTRATION FORM 2018-2019

CHILD'S FIRST AND LAST NAME		CHILD'S BIRTHDATE
HOW WOULD YOU LIKE YOUR CHILD	TO WRITE THEIR F	IRST NAME?
ADDRESS		
CITY	STATE	ZIP
PARENTS/GUARDIANS NAMES		HOME PHONE
E-MAIL ADDRESS		
HOME CHURCH (OPTIONAL)		
I/We agree that after July 1, registrate equal to one month's tuition will be charge conditions of extended illness or family is non-refundable.	ged if a child is withd	rawn during the school year except for
PARENT/GUARDIAN SIGNATURE		 DATE
		FOR OFFICE USE ONLY PAID: YES - NO Check # Amount \$