

EAGLE'S NEST PRESCHOOL
2017/2018 REGISTRATION FORM

CHILD'S NAME: _____ Male Female _____
(Nickname)

PARENT'S NAMES: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE NUMBERS: _____ (HOME) _____ (WORK)

(CELL) _____ EMAIL ADDRESS: _____

CHILD'S DATE OF BIRTH: _____

HOW DID YOU LEARN ABOUT OUR SCHOOL? _____ St. John's Member

WHERE WILL YOUR CHILD ATTEND KINDERGARTEN? _____

PLEASE INDICATE 1ST AND 2ND CHOICE: *class schedule is subject to change based on enrollment*

- | | | | |
|---|------------------------|-----------------|-----------------|
| 1. _____ 3 year old class
(3 by Sept. 1) | T TH
(16 students) | 8:25-11:25 a.m. | \$65.00 per mo. |
| 2. _____ 3 year old class
(3 by Sept. 1) | M W
(16 students) | 8:25-11:25 a.m. | \$65.00 per mo. |
| 3. _____ 4 year old class
(4 by Sept. 1) | T TH
(20 students) | 8:25-11:25 a.m. | \$65.00 per mo. |
| 4. _____ 4 year old class
(4 by Sept. 1) | M W F
(20 students) | 8:25-11:25 a.m. | \$85.00 per mo. |

I/we acknowledge that Eagle's Nest Preschool is a Christian based program, and as such I/we understand that my/our child will receive formal religious instruction such as Jesus Time, devotions, Chapel time, prayers, etc. We observe religious holidays.

Parent Signature: _____

(All children must be potty trained due to state regulations!)

TO HOLD YOUR CHILD'S PLACE IN A CLASS, PLEASE RETURN THE FOLLOWING:

1. **COMPLETED REGISTRATION FORM**
2. **REGISTRATION FEE of \$100.00**

(The "Registration Fee" may be sent in (2) payments within 30 days. *This fee is refundable until July 1st.*)

PLEASE MAKE CHECKS PAYABLE TO "EAGLE'S NEST PRESCHOOL" and mail to 901 W Jefferson, Effingham, IL 62401.

217/342-4334 / www.eaglesnestpreschool.com / saintjohns@consolidated.net

(Preschool use only)	DATE RECEIVED: _____	REGISTRATION FEE: _____	CHECK # _____
<input type="checkbox"/> ACCEPTANCE LETTER			