FALL 2008

MT. CALVARY LUTHERAN PRESCHOOL
REGISTRATION FORM

CHILD'S NAME:_____ AGE:_____
(As of Sept. 1, 2008)

BIRTHDATE: _____

PARENT'S NAMES:_____

PHONE:_____

ADDRESS:_____

_____
City and Zip

PLEASE SELECT A PROGRAM AND RETURN YOUR FORM WITH THE REGISTRATION FEE.

HALF DAY PROGRAM:

_____M-F $235 month _____TWTH $195 month

_____2-YEAR-OLD _____3-YEAR-OLD _____4-YEAR-OLD

FULL DAY PROGRAM:

_____M-F $435 month _____TWTH $370 month

_____2-YEAR-OLD _____3-YEAR-OLD _____4-YEAR-OLD

**** Full Day Tuition now includes lunch.****

REGISTRATION FEE (Non-refundable) $100.00

Please make checks payable to: Mt. Calvary Preschool

For Office Use Only
Date Received:_____
Check #_____

Revised 2/18/08