



2018-2019 REGISTRATION FORM EARLY LEARNING CENTER

The Early Learning Center registration fee for the 2018-2019 school year is \$100 *per* student. This amount is a one time, non-refundable, non-transferable cost *due at the time of registration.*

FAMILY NAME: _____

List the names of children who will be returning to Early Learning Center at Christ, Prince of Peace next year:

CHILD'S NAME	DATE OF BIRTH
<input type="checkbox"/> FULL DAY MTWThF \$580	<input type="checkbox"/> PARTIAL DAY MTWThF \$490
<input type="checkbox"/> PARTIAL DAY MWF \$330	<input type="checkbox"/> FULL DAY MWF \$490
	<input type="checkbox"/> FULL DAY TTh \$330

CHILD'S NAME	DATE OF BIRTH
<input type="checkbox"/> FULL DAY MTWThF \$580	<input type="checkbox"/> PARTIAL DAY MTWThF \$490
<input type="checkbox"/> PARTIAL DAY MWF \$330	<input type="checkbox"/> FULL DAY MWF \$490
	<input type="checkbox"/> FULL DAY TTh \$330

CHILD'S NAME	DATE OF BIRTH
<input type="checkbox"/> FULL DAY MTWThF \$580	<input type="checkbox"/> PARTIAL DAY MTWThF \$490
<input type="checkbox"/> PARTIAL DAY MWF \$330	<input type="checkbox"/> FULL DAY MWF \$490
	<input type="checkbox"/> FULL DAY TTh \$330

Please obtain a registration form from the office for a new enrollee.

List the names and dates of birth of any younger siblings not yet enrolled at Christ, Prince of Peace School.

CHILD'S NAME _____ DATE OF BIRTH _____

CHILD'S NAME _____ DATE OF BIRTH _____

FATHER'S SIGNATURE _____ MOTHER'S SIGNATURE _____

Please return form and registration fee (check payable to Christ, Prince of Peace School) to the office at 417 Weidman Road, Manchester, MO 63011

FOR OFFICE USE ONLY: date: _____ cash/check amount _____ check. # _____