

Half Day Kindergarten Registration Form

Child's Full Name

Parent/Guardian Name

Address

Address

City

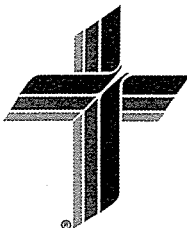
State/Zip

Phone

Birth Date

(Children must be 5 years old by August 1, 2010)

Please complete other side



St. Paul Lutheran Church Early Childhood Ministry

(Located across from Hackman's Market)

6045 East State Street • Columbus, IN 47201

(812) 376-6504 • Fax: (812) 376-6539

E-mail: preschool@stpaulcolumbus.org

Registration Form - continued

Additional Contact Numbers

Please enroll my child for Kindergarten.

I understand the following:

A non-refundable registration fee of \$40 must accompany this form in order for my child to be formally enrolled. Registrations are filled on a first come, first served basis.

A \$300 supply fee will be due upon the teacher's home visit in late July / early August.

Tuition will be \$110 a month (August – May)

Other documentation will be required at a later date to complete my child's enrollment.

I would like to use the Extended Care Program
from _____ p.m. until _____ p.m.

Parent Signature

Date

Proverbs 22:6: "Train up a child in the way he should go, and when he is old, he will not depart from it."