

BATAVIA COVENANT PRESCHOOL REGISTRATION 2019-2020

Child's Name _____ **Birth date** _____ **M or F**

Address _____

City _____ **State** _____ **Zip** _____

Mother's Name _____ **Phone** _____

e-mail _____

(Address if different) _____

Father's Name _____ **Phone** _____

e-mail _____

(Address if different) _____

Please indicate first and second choice (mark 1st/2nd by class)

**** All children must be toilet trained except for the Mini class where pull-ups are allowed ****

_____ **PreK class M-TH 9:30-12:00pm**
5 years of age by January 1st

_____ **Junior class MWF 9:30-12:00pm**
3 years of age by September 1st

_____ **Senior class MWF 9:30-12:00pm**
4 years of age by September 1st

_____ **Junior class TTH 9:30-12:00pm**
3 years of age by September 1st

_____ **Senior class TTHF 9:30-12:00pm**
4 years of age by September 1st

_____ ****Mini class MW 9:30-11:30am**
2 years of age by September 1st

_____ ****Mini class TTH 9:30-11:30 am**
2 years of age by September 1st

X **Parent Signature** _____ **Date** _____

Please include a check or money order for the non-refundable registration fee of \$80.00. September's tuition must be paid by June 3. Make checks payable to Batavia Covenant Preschool.

Where did you hear about us?

_____ **Friend / Neighbor** _____ **Signage** _____ **Church** _____ **Current student**
_____ **Library Preschool Fair** _____ **Web site** _____ **Former student** _____ **Other**

Registration fee Paid by check # _____ Date _____ Initials _____

Registration packet given? _____ Date _____ Initials _____