

# DCPC Weekday Preschool Registration

~ What is the name of your home church? \_\_\_\_\_  
 ~ Are you interested in learning more about worship and ministry at DCPC? (circle one) **yes / no**


Please **CIRCLE ONE**

Currently Enrolled Church Member	Currently Enrolled Non-Church Member	Non-Enrolled Sibling Church Member	Non-Enrolled Church Member	Sibling Non-Church Member	Davidson College Faculty/Preschool Alumni	Community
----------------------------------	--------------------------------------	------------------------------------	----------------------------	---------------------------	---	-----------

Child's Name: _____ Gender: M or F Parent Name #1: _____ Parent #1 Email: _____ Parent #1 Cell: _____ Parent #2 Name: _____ Parent #2 Cell: _____ Parent #2 Email: _____ Home Phone: _____ Address: _____ Does your child have any special conditions, disabilities or allergies? <b>Yes or No</b> If yes, please specify: _____	Coordinate Sibling Schedule? Yes / No Sibling's Name _____ Sibling's Age _____ ----- Child Enrolling Age as of 8/31/18 _____ Birthdate: _____
--	--

Please indicate your class selection in preferential order (1<sup>st</sup> and 2<sup>nd</sup>). You **MUST** number your choices

18 months	2s Classes	3s Classes	Pre-K Classes	TK
<input type="checkbox"/> M/W \$230	<input type="checkbox"/> M/W/F \$255	<input type="checkbox"/> 3 Day T/TH/F \$245	<input type="checkbox"/> 4 Day M-TH \$300.00	<input type="checkbox"/> 5 Day M-F \$360.00
<input type="checkbox"/> T/TH \$230	<input type="checkbox"/> M/W \$205	<input type="checkbox"/> 4 Day M-TH \$305	<input type="checkbox"/> 5 Day M-F \$350.00	
<input type="checkbox"/> Must be one by 2/1/18	<input type="checkbox"/> T/TH \$205	<input type="checkbox"/> 5 Day M-F \$355		

 Registration Fee and May 2019 tuition is **NON REFUNDABLE** if you receive placement in DCPC Weekday Preschool for the 2018 – 2019 academic school year. Please sign below and date noting that you have read this statement. \_\_\_\_\_

