6012 South Bend Drive
260-458-1301
www.anthonywaynepreschool.org

This preschool is an extension of the ministries at Anthony Wayne First Church of God

Registration Form 2019 – 2020

Student's Legal Name_____
First Middle Last

Nickname preferred to be called _____

Gender_____ Age:_____ Date of Birth:_____ Known Allergies: _____

Home Address:_____

City:_____ State:_____ Zip:_____

Primary Phone :_____ Who can be reached at this number?_____

Student resides with: (please circle) Both Parents / Father / Mother / Other (who)_____

Siblings: 1._____ Age:____ 2._____ Age:____

3._____ Age:____ 4._____ Age:____

Family Email Address (please print clearly):_____

Father's Legal Name:_____

Mother's Legal Name:_____

Parent(s) having legal custody of child is/are: (circle one) Both Parents / Father / Mother / Guardian / Other (who)_____

We wish to enroll our child in the following option:

Half Day Toddler:	Mon, Wed, Fri.	8:30 a.m. – Noon	_____ ($160 monthly)
	Tuesday & Thursday	8:30 a.m. – Noon	_____ ($140 monthly)
Full Day Toddler:	Monday – Friday	6:30am – 6pm	_____ ($160 weekly)
Half Day Preschool:	Monday - Friday.	8:30 a.m. – Noon	_____ ($125 monthly)
Full Day Preschool:	Monday – Friday	6:30am – 6pm	_____ ($160 weekly)

I understand that the registration fee of $30 ($15 for returning students) is non-refundable and enrolls my child's in class for 2019 - 2020 school year. Please make checks payable to Anthony Wayne Preschool.

Parent Signature_____ Date:_____

Parent Signature_____ Date:_____

(Both parent signatures are needed for families who share custody of the enrolled child.)