



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 2020 – 2021

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:

Traditional Preschool 8:30am-11:30am: Monday - Friday _____ (\$200 monthly)
Mon, Wed, Fri _____ (\$145 monthly)
Monday & Wednesday _____ (\$100 monthly)
Full Day Preschool 6:30am-6pm: 5 Days _____ (\$125 weekly) 4 Days _____ (\$105 weekly)
3 Days _____ (\$90 weekly) 2 Days _____ (\$60 weekly)

I understand that the registration fee of \$37 (\$20 for returning students) is non-refundable and enrolls my child's in class for 2020 - 2021 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.)