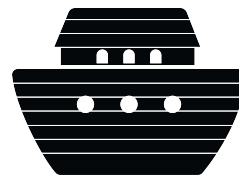


2024-2025 ARK PRESCHOOL REGISTRATION FORM



SHEET 1 OF 2

Child Information

First Name: _____ M.I. _____ Last Name: _____

Preferred Name: _____ Date of Birth: _____

Child's age: _____

Gender: ☐ Male ☐ Female

☐ Full time (4 days)

Part time: ☐ 3 days ☐ 2 days

Preferred days: ☐ M ☐ T ☐ W ☐ Th

Parent/Guardian Information

Mother/Guardian

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ ☐ Custodial Parent (If married, mark both parents)

Email: _____

Father/Guardian

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ ☐ Custodial Parent (If married, mark both parents)

Email: _____

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

Do you attend a church? _____ If yes, where? _____

Photographs: May we take photos of your child for publication (advertisement, Facebook, etc.)? ☐ Yes ☐ No

Additional Emergency Contacts & Authorized Pickup Persons:

*Parents will be contacted first in an emergency

Contact/Pickup

 Name: _____ Phone: _____

Relationship to the Child: _____ [] Able to pick up all the children in the family

Contact/Pickup

 Name: _____ Phone: _____

Relationship to the Child: _____ [] Able to pick up all the children in the family

Special Instructions if needed: _____

2024-2025 Registration & Tuition Information:

Non-refundable Registration Fee: \$75.00 Due with registration form

Full-time Monthly Tuition: \$390.00 For a September start due by July 31st****Non-refundable as of August 20th.

Tuition Payment Information

1. Cash
2. Checks payable to Arbor Heights Community Church
3. Cash App - \$ArborHeights
4. Payments can be made on AHCC's website - www.arborheights.org under Give. Select Preschool and covering the transaction fee is appreciated.

*Tuitions are due by the 5th of each month. A late fee of \$10 will be added if not received by the 10th.**Families are welcome to pay for the year in full.*

Additional Comments & Information:

Is there an older sibling in the family? If so, what school do they attend? _____

Is there any other information that would be helpful to our Preschool staff? _____

Parent's Signature: _____ Date: _____