2023-2024 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) Par	t time: [] 3 days [] 2 days [] 1 day	
	Preferred days: [] M [] T []W []Th	
Parent/Guardian Information Mother/Guardian		
First Name: M.	l Last Name:	
Address:		
Cell Phone:	Home Phone:	
Work Phone:	[] Custodial Parent (If married, mark both parents)	
Email:		
Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other		
Father/Guardian		
First Name: M.I.	Last Name:	
Address:		
Cell Phone:	_ Home Phone:	
Work Phone:	[] Custodial Parent (If married, mark both parents)	
Email:		
	orced [] Separated [] Widowed [] Other	

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

Allergies: _____

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

Additional Emergency Contacts & Authorized Pickup Persons:

"Parents will t	e contacted fir	est 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
2023-2024 Registration Info		
Non-refundable Registration Fee:	\$75.00	Due with registration form
Full-time Monthly Tuition:	\$390.00	For a September start due by July 31 ^{st**} **Non-refundable as of August 15 th .
Tuition Payment Information	n	
Checks payable to Arbor Heights C	Community Ch	nurch - or- Cash App - \$ArborHeights
Tuitions are due by the 5 th of each more Families are welcome to pay for the year.		of \$10 will be added if not received by the 10 th .
Additional Comments & Info	ormation:	
Is there any other information that	would be help	oful to our management and teaching staff?
Signature:		
Parant's Signatura:		Date: