



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

I am flexible on which days my child attends

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 Information:

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

Full-time Monthly Tuition: \$390.00 If part-time, tuition is prorated accordingly

Tuition Payment Information

There are several ways to your child's tuition.

1. Cash
2. Checks payable to Arbor Heights Community Church
3. Zelle - info@arborheights.org
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 any other information that would be helpful to our management and teaching staff?

Parent's Signature: _____ Date: _____