



**PRESCHOOL
APPLICATION FOR ADMISSION
2017/2018**

Child's Name _____ Date of Birth _____ Age _____
Father _____ Mother _____
Address _____ City _____ Zip _____
Home Phone _____
Father's Work # _____ Mother's Work # _____
Father's Cell # _____ Mother's Cell # _____
E-Mail Address: _____
(Father) (Mother)

HalfTime: 9:00 - 1:00 **Full Time: 9:00 - 5:30**

Days Enrolled—**Please Check One**

- Young Preschool Preschool Pre-Kindergarten
 MON-FRI MON-WED-FRI TUES-THURS (2 & 3 yr old only)

Early Care Hours: 7:00 to 9:00

Do you need early care? Yes No

Enclosed is a registration fee to secure my child's placement (*Non-refundable*)
_____ **\$100—Returning Family** _____ **\$130—New Family**

By signing below I am stating that my child will attend Coastline Bible Day School. I also agree to give written 30 day notice should circumstances arise that would prevent my child from attending as agreed. In the event that my child does not attend Coastline Bible Day School and I fail to give written notice I understand that I will be charged full tuition whether my child attends or not.

You can help us with our future advertising methods. Please tell us how you heard of our school?

Check one:

_____ ParentClick.com _____ Yellow Pages _____ Returning family Other: _____
_____ Friend _____

For office use only:
Registration Paid by Check Cash Date Paid _____ Assigned to _____ Start date _____