



Child's Name _____ Date of Birth _____ Age _____

Phone number: _____

Address: _____

Father: _____

Mother: _____

Email: _____

Email: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Class:	Days:	Hours:
<input type="checkbox"/> Lambs (18mo-2years, Young Preschool)	<input type="checkbox"/> Monday-Friday	<input type="checkbox"/> 9:00-12:30
<input type="checkbox"/> Foxes (2-3years, Young Preschool)	<input type="checkbox"/> M, W, F	<input type="checkbox"/> 9:00-5:30
<input type="checkbox"/> Koalas (3-4years, Preschool)	<input type="checkbox"/> Tu, Th (Lambs, Foxes, and Koalas only)	
<input type="checkbox"/> Monkeys (4-5years, Pre-K)		

Early Care Hours:

7:00-9:00

8:00-9:00

The registration fee of \$60 secures your child's spot.

Priority will be given to families signing up for the full Summer Program. Please see the school office for one month options.

By signing below I am stating that my child will attend Coastline Bible Preschool. 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 Preschool and I fail to give written notice I understand that I will be charged full tuition whether my child attends or not.

Signature of Parent or Guardian

Date

How did you hear about our school?:
Returning Family _____ **Friend** _____ **Website** _____ **Other:** _____
 Are you affiliated with a church in our community?: _____ Which one?: _____

FOR OFFICE USE ONLY:
 Registration Paid by CASH _____ or CHECK _____ Date and Check # _____ Start date _____