



# RHCC PRESCHOOL Registration Form

New Student       Returning Student

**Child's Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Birth date** \_\_\_\_\_  Male  Female      **Land Line Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City & Zip** \_\_\_\_\_

**Father's Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Carrier** \_\_\_\_\_

**Father's Email Address** \_\_\_\_\_

Add my Email to:     General School Email Communication     Monthly Newsletters     ClassDojo     None

**Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Work Address** \_\_\_\_\_ **City & Zip** \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_ **Carrier** \_\_\_\_\_

**Mother's Email Address** \_\_\_\_\_

Add my Email to:     General School Email Communication     Monthly Newsletters     ClassDojo     None

**Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Work Address** \_\_\_\_\_ **City & Zip** \_\_\_\_\_

**Siblings Name(s) and Age** \_\_\_\_\_

**Name of church presently attending (not required for enrollment)** \_\_\_\_\_

**Program Choice:**     2 Day Tue, Thurs      **Hours:**       9:00 AM - 12:00 Noon  
 3 Day Mon, Wed, Fri.       9:00 AM - 2:00 PM  
 5 Day Mon - Fri       9:00 AM - 5:30 PM  
 Other Days \_\_\_\_\_       Other Hours \_\_\_\_\_  
**Teacher Request** \_\_\_\_\_

**How did you find our Preschool:**     Referred By Someone \_\_\_\_\_     Attend RHCC  
 Flyer/Brochure     Ad       Google       FaceBook

To secure your child's enrollment, you must include the \$100 non-refundable new student or \$85 non-refundable returning student Registration fee, in addition to the \$100 non-refundable Special Events/ Emergency Supply fee.

\_\_\_\_\_  
**Signature of Parent or Guardian**      **Date**

<b>FOR OFFICE USE ONLY</b>		
P: <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 5    Other: _____	Option: <input type="checkbox"/> 3H <input type="checkbox"/> 5H <input type="checkbox"/> Full _____	
Re/Registration Fee _____ Ck # _____	Rm # _____ Start Date _____	DB _____ Processed _____
Date _____	WL Fee _____ Ck # _____	DB Drop _____ Drop _____
Received by _____ Reply E-Mailed _____	<input type="checkbox"/> Military <input type="checkbox"/> Pastoral <input type="checkbox"/> Sibling	revised 2/5/20