EAGLE'S NEST PRESCHOOL 2019 - 2020 REGISTRATION FORM

CHILD'S NAME:	Male	☐ Female	(Nickname)
PARENT'S NAMES:			(Nickhame)
ADDRESS:	CITY:		ZIP:
PHONE NUMBERS:	(HOME)		(WORK)
(CELL)	EMAIL ADDRESS:		
CHILD'S DATE OF BIRTH:		_	
HOW DID YOU LEARN ABOUT OUR SCHOOL?			☐ St. John's Member
WHERE WILL YOUR CHILD ATTEND KINDERGA	RTEN?		
PLEASE INDICATE <u>1ST AND 2ND</u> C	HOICE: class schedule is	subject to change based	on enrollment
1 3 year old class (3 by Sept. 1)	T TH (16 students)	8:25-11:25 a.m.	\$75.00 per mo.
2 3 year old class (3 by Sept. 1)	M W (16 students)	8:25-11:25 a.m.	\$75.00 per mo.
3 4 year old class (4 by Sept. 1)	T TH (20 students)	8:25-11:25 a.m.	\$75.00 per mo.
4 4 year old class (4 by Sept. 1)	M W F (20 students)	8:25-11:25 a.m.	\$100.00 per mo.
I/we acknowledge that Eagle's Nest Preschool is a Christian based program, and as such I/we understand that my/our child will receive formal religious instruction such as Jesus Time, devotions, Chapel time, prayers, etc. We observe religious holidays.			
Parent Signature:			
(All children must be potty trained due to state regulations!)			
TO HOLD YOUR CHILD'S PLAGE 1. COMPLETED F 2. REGISTRATION	REGISTRATION FOR		E FOLLOWING:
(The "Registration Fee" may be sent in (2) payments within 30 days. This fee is refundable until July 1st.)			
PLEASE MAKE CHECKS PAYABLE TO "I Effingham, IL 62401.	EAGLE'S NEST PRESC	CHOOL" and mail to	o 901 W Jefferson,
217/342-4334 / www.eaglesnestpreschool.com / saintjohns@consolidated.net			

(Preschool use only) DATE RECEIVED: _____ REGISTRATION FEE: _____

□ ACCEPTANCE LETTER

CHECK#