

EAGLE'S NEST PRESCHOOL
2026-2027 REGISTRATION FORM

CHILD'S NAME: _____ Male Female _____
(Nickname)

PARENT'S NAMES: _____

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 KINDERGARTEN? _____

PLEASE INDICATE 1ST AND 2ND CHOICE: *class schedule is subject to change based on enrollment*

1. _____ 3-year-old class (3 by Sept. 1)	T TH (15 students)	8:25-11:25 a.m.	\$115.00 per mo.
2. _____ 3-year-old class (3 by Sept. 1)	M W (15 students)	8:25-11:25 a.m.	\$115.00 per mo.
3. _____ 4-year-old class (4 by Sept. 1)	T TH (15 students)	8:25-11:25 a.m.	\$115.00 per mo.
4. _____ 4-year-old class (4 by Sept. 1)	M W F (15 students)	8:25-11:25 a.m.	\$160.00 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 PLACE IN A CLASS, PLEASE RETURN THE FOLLOWING:

1. **COMPLETED REGISTRATION FORM**
2. **REGISTRATION FEE of \$160.00 (Non-Refundable)**

(The "Registration Fee" may be sent in (2) payments within 30 days.)

There is a 10% discount for those who choose to pay an annual lump sum & a 5% discount to pay semi-annually.

**PLEASE MAKE CHECKS PAYABLE TO "EAGLE'S NEST PRESCHOOL" and mail to 901 W Jefferson,
Effingham, IL 62401.**

217/342-4334 / www.eaglesnestpreschool.com / carrie.collier@stjohnslcms.net

(Preschool use only) DATE RECEIVED: _____	REGISTRATION FEE: _____	CHECK # _____
<input type="checkbox"/> ACCEPTANCE LETTER		