fbrivschool@yahoo.com

**Preschool on the Hill (First Baptist Preschool)** fbrivschool@yahoo.com 5500 Alessandro Blvd. Riverside, CA 92506 **Phone**: (951) 683-4803 **State License #** 330-900-315

### **Registration Form for Enrollment for 2019-2020**

<u>Please Print Clearly in Blue or Black Ink — Please read carefully.</u>
Child must be at least 2 years 9 months old and <u>potty trained</u> by the start of school <u>August 2019.</u>

Today's Dat	e:	<mark>NEW STU</mark>	JDENT REGIS	<b>TRATION</b>	<b>PACKET</b>
Mother's and or Fathe	er's <b>Last Name</b>	<u>2</u> :			
Your Child's Full Name	e:				
Address:	First	name	Middle name	Last name	е
Citv:			Zip:	<del></del>	
Day Phone: (	)				
Birthday: Month	Day _	Year		Sex: Male	/ Female (Circle
Age on August 1, 20	019:	Years and	Months		
Mother's Name: Firs	st		Last		
Occupation:		Work #	_Last	_ Cell phone #	
Name of Firm:			City	- ·	
Father's Name: Firs	t		Last		
Occupation:		Work #		_ Cell phone #	<u> </u>
Name of Firm:			City		
Email Address: (Please	print clearly.)				
Child's Physician			Phone # _		
Child's Dentist			Phone #		
List the names of b  Non refundable Re	rothers/siste	ers and their ages, per child: \$135.0	00		
Program		10 Payments	urrently enrolled. Disco Program		
Fiogram	Tuition	8/1/19-5/1/20	Program	Tuition	-
2 Day, Half Day (9am-12pm)	\$ 1,750.00	\$175.00	2 Day, Full Day (7am-5:30pm)	\$3,550.00	\$355.00
3 Day, Half Day (9am-12pm)	\$2,400.00	\$240.00	3 Day, Full Day (7am-5:30pm)	\$4,900.00	\$490.00
5 Day, Half Day	\$3,650.00	\$365.00	5 Day, Full Day	\$6,950.00	\$695.00
(9am-12pm)	φ3/030100	4505.00	(7am-5:30pm)	ψο,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	φοσοιος
Special needs/Spec					
(inclu			t be returned by July Physician's Report sig		cian)
			*******		
Office use only					
Registration Fee \$	Tra	nsaction #	Date Paid_	Initia	led
How did you hear	about us? //	Referred bv.			

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Day Phone: ( Birthday: Month Age on August 1, 2019  Mother's Name: First _ Occupation: Name of Firm: Father's Name: First _	First ) Day ):	Year Years and	Middle name  Zip:	Last name	
Address:	) Day ):	Year Years and	Zip:		<u>.</u>
Address:	) Day ):	Year Years and	Zip:		2
Day Phone: ( Birthday: Month Age on August 1, 2019  Mother's Name: First _ Occupation: Name of Firm: Father's Name: First _ Occupation:	) Day _ :	Year Years and			
Birthday: Month Age on August 1, 2019 Mother's Name: First _ Occupation: Name of Firm: Father's Name: First _ Occupation:	Day ):	Year Years and		Sev. Mala	
Name of Firm: Father's Name: First Occupation:				JCX. Male	/ Female (Circle)
Name of Firm: Father's Name: First Occupation:			Last		
Father's Name: First _ Occupation:					
Occupation:					
			Last		
Name of Firm:			C:L.	Cell phone #	
			City_		
Email Address: (Please prin	t clearly.)				
Child's Physician			Phone # _		
Child's Dentist			Phone # _		
Do you want to be liste List the names of brot  Non refundable Regis	hers/siste	rs and their ages, , per child: \$135.	please.		
A 10% <u>Tuition</u> discount i					
Program	Annual Tuition	10 Payments 8/1/19-5/1/20	Program	Annual Tuition	
2 Day, Half Day \$ (9am-12pm)	1,750.00	\$175.00	2 Day, Full Day (7am-5:30pm)	\$3,550.00	\$355.00
3 Day, Half Day \$ (9am-12pm)	2,400.00	\$240.00	3 Day, Full Day (7am-5:30pm)	\$4,900.00	\$490.00
5 Day, Half Day \$ (9am-12pm)	3,650.00	\$365.00	5 Day, Full Day (7am-5:30pm)	\$6,950.00	\$695.00
	<u>Enrol</u> g Immuni	ment papers mus	or: st be returned by July I Physician's Report s ************************************	gned by physic	

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T	oday's Dat	e:	NEW STU	JDENT REGIS	TRATION	PACKET
M	other's and or Fathe	r's <b>Last Name</b>	<b>2</b> :			
Y	our Child's Full Name	e:				
Λ.	ddrocci			Middle name	Last name	е
Ci	itv			7in·	<del></del>	
D	av Phone: (	)		Zipi		
Bi	rthday: Month	Dav	Year		Sex: Male	/ Female (Circle)
Ą	ge on August 1, 20	019:	Years and	Zip: Months		,
0	ccupation:		Work #	City Cast	_ Cell phone #	
N	ame of Firm:			City		
Fa	ather's Name: First	t		Last		
0	ccupation:		Work #		Cell phone #	<u> </u>
N	ame of Firm:			City		
Er	mail Address: (Please	print clearly.)				
Cł	nild's Physician			Phone # _		
Cł	nild's Dentist			Phone #		
Di Li	st the names of b	isted in the so rothers/siste gistration Fee	chool Directory mer rs and their ages,   e, per child: \$135.0			
	Program		10 Payments 8/1/19-5/1/20	Program		10 Payments 8/1/19-5/1/20
	2 Day, Half Day (9am-12pm)	\$ 1,750.00	\$175.00	2 Day, Full Day (7am-5:30pm)	\$3,550.00	\$355.00
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S	pecial needs/Spec		lote to the Directo			
		ding Immuni	zation Record and	t be returned by July Physician's Report si	gned by physic	
		<***********	********	**************************************	******	*******
	ffice use only	<b></b>	nandian #	Data Daid	T (A.) =	امط
K	egistration Fee \$	ıraı	nsaction #	Date Paid_	ınıtıa	ied
Н	low did vou hear	about us? //	Referred by:			

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	s Last Haille	):			
Your Child's Full Name	First	name	Middle name	Last name	<del></del>
Address:					
City:			Zip:		
Day Phone: (	)				
Birthday: Month Age on August 1, 20	Day _	Year		Sex: Male	/ Female (Circle
Age on August 1, 20	)19:	Years and	Months		
Mother's Name: First	t		Last		
Occupation:		Work #	Last	Cell phone #	
Name of Firm:			City _Last	- •	
Father's Name: First	·		Last		
Occupation:		Work #		_ Cell phone #	<del></del>
Name of Firm:			City		
Email Address: (Please	print clearly.)				
Child's Physician			Phone #		
Child's Dentist			Phone #		
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in the office for parents we date. Copying for corpora Do you want to be li List the names of br	who would like to ate use is not pe sted in the so cothers/siste pistration Fee	o look up another pare emitted. chool Directory me rs and their ages, c, per child: \$135.0	ent/child for the purpose of a ntioned above? Circlese.	arranging a birthd	ay party or play O
in the office for parents we date. Copying for corporations Do you want to be list the names of branch Mon refundable Reg A 10% Tuition discount	who would like to the use is not pe sted in the so rothers/siste pistration Fee to it is given for to Annual	o look up another pare rmitted. chool Directory me rs and their ages, per child: \$135.0 he second child conditions to the conditions are child conditions.	ent/child for the purpose of a ntioned above? Circleplease.  Oocurrently enrolled. Discourrently enrolled.	unts available fo	ay party or play  O  r full payments.  10 Payments
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