

Registration Form for Enrollment for 2020-2021

Please Print Clearly in Blue or Black Ink – Please read carefully.

Child must be at least 2 years 9 months old and potty trained by the start of school August 2020.

Today's Date: _____ **NEW STUDENT REGISTRATION FORM**

Traditional School Calendar: First Day of School August 17/18, 2020 to Last Day of School May 20/21, 2021

Your Child's Full Name: _____
First name Middle name Last name

Address: _____

City: _____ Zip: _____

Day Phone: () _____

Birthday: Month _____ Day _____ Year _____ Sex: Male / Female (Circle)

Age on August 1, 2019: _____ Years and _____ Months

Mother's Name: First _____ Last _____

Occupation: _____ Work # _____ Cell phone # _____

Name of Firm: _____ City _____

Father's Name: First _____ Last _____

Occupation: _____ Work # _____ Cell phone # _____

Name of Firm: _____ City _____

Email Address: (Please print clearly.) _____

Child's Physician _____ Phone # _____

Child's Dentist _____ Phone # _____

State law requires that we make a school directory available to those parents who wish to participate. Our directory is kept in the office for parents who would like to look up another parent/child for the purpose of arranging a birthday party or play date. Copying for corporate use is not permitted.

Do you want to be listed in the school Directory mentioned above? Circle: Yes or No

List the names of brothers/sisters and their ages, please:

Nonrefundable Registration Fee, per child: \$135.00

A 10% Tuition discount is given for the second child concurrently enrolled. Discounts available for full payments.

Program	Annual Tuition	10 Payments 8/1/20-5/1/21	Program	Annual Tuition	10 Payments 8/1/20-5/1/21
2 Day, Half Day (9am-12pm)	\$ 1,850.00	\$185.00	2 Day, Full Day (7am-5:30pm)	\$3,650.00	\$365.00
3 Day, Half Day (9am-12pm)	\$2,500.00	\$250.00	3 Day, Full Day (7am-5:30pm)	\$5,050.00	\$505.00
5 Day, Half Day (9am-12pm)	\$3,750.00	\$375.00	5 Day, Full Day (7am-5:30pm)	\$7,100.00	\$710.00

Special needs/Special request/Note to the Director: _____

Enrollment papers must be returned by July 2020

(including Immunization Record and Physician's Report signed by physician)

Office use only

Registration Fee \$ _____ Transaction # _____ Date Paid _____ Initialed _____

How did you hear about us? /Referred by: _____

Preschool on the Hill (First Baptist Preschool)

preschool@thehillriverside.org

5500 Alessandro Blvd. Riverside, CA 92506 Phone: (951) 683-4803 State License # 330-900-315

Registration Form for Enrollment for 2020-2021

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Today's Date: _____ **RETURNING STUDENT REGISTRATION FORM**

Traditional School Calendar: First Day of School August 17/18, 2020 to Last Day of School May 20/21, 2021

Your Child's Full Name: _____
First name Middle name Last name

Address: _____

City: _____ Zip: _____

Day Phone: () _____

Birthday: Month _____ Day _____ Year _____ Sex: Male / Female (Circle)

Age on August 1, 2019: _____ Years and _____ Months

Mother's Name: First _____ Last _____

Occupation: _____ Work # _____ Cell phone # _____

Name of Firm: _____ City _____

Father's Name: First _____ Last _____

Occupation: _____ Work # _____ Cell phone # _____

Name of Firm: _____ City _____

Email Address: (Please print clearly.) _____

Child's Physician _____ Phone # _____

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