

BRETHREN IN CHRIST PRESCHOOL

845 W. Arrow Hwy

Upland, Ca. 91786

(909) 981-4333

www.mycommunitypreschool.org

APPLICATION FOR ADMISSION

DATE: _____

Registration for school year 20____ to 20____

CHILDS NAME: _____ Birthday: _____ Age: _____

Does child go by nickname? _____ Gender: Male or Female Potty Trained? Yes or No

ADDRESS: _____ Circle Shirt Size: Youth XS S M L

CITY, STATE & ZIP: _____ TELEPHONE: _____

What is your family's church affiliation _____

FATHER'S NAME: _____ TELEPHONE: _____

Place of Employment City _____

Business Phone: _____ Cell Phone: _____

MOTHER'S NAME: _____ TELEPHONE: _____

Place of Employment, City: _____

Business Phone: _____ Cell Phone: _____

Marital Status of Child's Parents: _____ Married _____ Separated _____ Divorced _____ Other

MOTHER'S Email Address: _____ (ProCare/School Notification)

DAD'S Email Address: _____ (ProCare/School Notification)

Referred by a current preschool family? If so, by who? _____

OTHER CHILDREN IN FAMILY:

Boys-name & Birthdates:

Girls-Name & Birthdates:

CIRCLE THE DAYS YOU WISH YOUR CHILD ENROLLED:
CHECK APPROPRIATE SPACE:

M T W TH F

_____ Morning (1/2 Day)

_____ Full Day

A Non-Refundable \$100.00 registration fee should accompany this for registration if there is not a waiting list for the class your child will be enrolled in. this fee covers insurance and a school t-shirt.

AGREEMENT: I promise to pay my financial obligations on the due date. (All payments of tuition are due at the end of the month.) A notice will be sent if tuition is not paid by the 1st of the month and a \$15.00 late fee will be added to your payment. If payment is 30 days late your child will not be allowed to attend school until the account is paid in full or your child could be dropped from the program.

Date: _____

Signature: _____