



**Fellowship of the Rockies Preschool
Registration for 2009-2010 School Year**

Child's Name _____ Birthdate _____ Sex _____

Parent's Relationship to each other: ___ Married ___ Divorced ___ Separated ___ Single
Child lives with: ___ Mother ___ Father ___ Other

Mother's Name _____

Address _____ City _____ Zip _____

Employer and address _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Father's Name _____

Address _____ City _____ Zip _____

Employer and address _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Email address: _____ Church Affiliation: _____

I would like my child to attend:

_____ T, W, TH 3 year olds (\$200.00/month) _____ T, TH 3 year olds (\$170.00/month)

_____ T, W, TH 4 year olds (\$200.00/month)

We cannot reserve a space in a class until the below fees are paid.

_____ \$75 registration fee enclosed (non-refundable)

_____ May tuition enclosed (non-refundable)
due by July 1, 2009

OFFICE USE ONLY

Date Received _____

Date Received _____

Parent Signature _____ Date _____

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