

**Loveland Christian Preschool
2010-2011 Registration Form**

Date _____
Child's Name _____
Address _____
City _____ State _____ Zip _____
Child's Date of Birth _____
Phone Number _____
Parent's Names _____

Check the session you prefer. (Please return with your \$60.00 registration fee)

3 Year Olds—2 Day

_____ Monday/Tuesday AM (9:00 AM-11:30 AM)
_____ Wednesday/Thursday AM (9:00 AM-11:30 AM)
_____ Wednesday/Thursday PM (12:30 PM-3:00 PM)*

*(provided enough enrollment to hold the PM class)

4 & 5 Year Olds—3 Day

_____ Tuesday/Wednesday/Thursday AM (9:00-11:30 AM)
_____ Tuesday/Wednesday/Thursday PM (12:30-3:00 PM)*

*(provided enough enrollment to hold the PM class)

4 & 5 Year Olds—4 Day

_____ Monday-Thursday AM (9:00-11:30 PM)

Paid: _____ Cash _____ Check _____ Date Received: _____

Your signature releases the Loveland Christian Preschool of all liabilities for communicable diseases, hospitalizations, doctor bills, or claims for bodily injury to your child. Your signature also gives permission for the above information to be added to the parent roster.

Parent Signature _____ Date _____