Right Start Preschool at the Heights

Building Right from the Start

Please print the following information:

Child's name: _____ M_____ F_____
Last First Middle

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Father's Name: _____ Mother's Name: _____

Child's Date of Birth: _____ E-Mail Address: _____

Date Application Filed: _____ Current Age of Child: (Yr.)_____ (Mo.)_____

Parent Signature: _____

Please indicate class desired:

_____ Three year olds, three days, Monday-Wednesday-Friday, 9:00 – 11:30a.m., $100.00/month

_____ Four year olds, three days, Monday-Wednesday-Friday, 9:00 – 11:30a.m.., $100.00/month

How did you hear about our preschool? _____

Would you like information about The Church at the Heights? Yes_____ No_____

There is a $40 non-refundable registration fee for the first child from a family, and a $30 non-refundable registration fee for each additional child from the same family registering for the same school year. Please enclose total registration fee with the completed application form(s). Make checks payable to "Church at the Heights."
All information for school administration use only and will not be used without written consent.

PRESCHOOL USE ONLY: Date application received and accompanied with deposit fee _____

Entrance Date: _____ Age at entrance date: (Yr.)_____ (Mo.)_____

Class placement: _____