



26231 Silver Spur Road, Rancho Palos Verdes, CA 90275 Tel (310) 373-6083 Fax (310) 378-7729 www.ALCPreschool.org

2017 – 2018 PRESCHOOL REGISTRATION 2 Year Old Program

I would like to register my child for the following program starting September 2017:

Half Day 9 am to 12:30 pm

Full Day 9 am to 4 pm

_____ Five Half Day (M-F \$635 per month)

_____ Five Full Day (M-F \$1,150 month)

_____ Four Half Day (M-Th/T-F \$545 per month)

_____ Four Full Day (M-Th/T-F \$960 per month)

_____ Three Half Day (MWF \$435 per month)

_____ Three Full Day (MWF \$750)

_____ Two Half Day (TTh \$360 per month)

_____ Two Full Day (TTh \$555)

Child's Name (Please Print)	Male/Female	Age on 8/28/17	Birth Date
Address	City	Zip	Home Phone
Mother's Name	Mother's Cell/Work Number	Mother's E-mail Address	
Father's Name	Father's Cell/Work Number	Father's E-mail Address	
Place of Birth	Church Affiliation	Does your child have preschool experience?	

What kind of preschool experience would you like your child to have?

I UNDERSTAND THE REGISTRATION AND MATERIALS FEES ARE NON-REFUNDABLE AND THE SECURITY DEPOSIT WILL NOT BE REFUNDED AFTER JULY 1ST, 2017. This deposit will be the child's tuition for the month of June 2018.

Parent/Guardian Signature _____ Date _____

For office use only:
Security deposit/ Registration/ Materials Fees Received \$ _____ check _____ cash _____