



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

## 2017 – 2018 PRESCHOOL REGISTRATION 3 to 5 Year Old Programs

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 \$620 per month)

\_\_\_\_\_ Five Full Day (M-F \$1,120 month)

\_\_\_\_\_ Four Half Day (M-Th/T-F \$530 per month)

\_\_\_\_\_ Four Full Day (M-Th/T-F \$925 per month)

\_\_\_\_\_ Three Half Day (MWF \$425 per month)

\_\_\_\_\_ Three Full Day (MWF \$720 per month)

\_\_\_\_\_ Two Half Day (TTh \$330 per month)

\_\_\_\_\_ Two Full Day (TTh \$525 per month)

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 1<sup>ST</sup>, 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 \_\_\_\_\_