

925 N. Forest St.  
Bellingham, WA 98225  
(360) 734-7180  
[www.centrallutheran.net](http://www.centrallutheran.net)

Date Enrolled \_\_\_\_\_  
Amount \_\_\_\_\_  
Check No. \_\_\_\_\_

## KIDS' CENTRAL PRESCHOOL REGISTRATION FORM 2009-2010

Child's Full Name \_\_\_\_\_

Name Child Goes By \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

Date of Child's Birth \_\_\_\_\_ Home Phone \_\_\_\_\_  
month/date/year

Physical Address \_\_\_\_\_  
street address city, zip code

Mailing Address \_\_\_\_\_  
mailing address city, zip code

Does your child have any handicaps, allergies, medical conditions, dietary needs, or special needs? Please explain: \_\_\_\_\_  
(Please use back of page if necessary)

Primary Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_  
street address city, zip code

Email \_\_\_\_\_ Relationship \_\_\_\_\_

Secondary Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_  
street address city, zip code

Email \_\_\_\_\_ Relationship \_\_\_\_\_

*I am registering for:*

<b>Tues./Thurs. Preschool</b> <i>(3-years-old on or before Sept. 30<sup>th</sup>, 2009)</i> 9:30am-12:00pm \$90/month  _____ T/Th 9:30am-12:00pm	<b>Mon./Weds./Fri. Kindergarten Prep</b> <i>(4-years-old on or before Sept. 30<sup>th</sup>, 2009)</i> 9:30am-12:00pm \$120/month  _____ M/W/F 9:30am-12:00pm
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I understand that the \$40.00 registration fee is non-refundable \_\_\_\_\_  
Signature of guardian

Please make all checks payable to: **Kids' Central Preschool**

***Please note: Children must be the age of the class level on or before Sept. 30<sup>th</sup>, 2009  
and must be toilet trained.***