

Community Christian Preschool & Childcare Center

4706 Park Center Avenue NE Lacey, WA 98516

<http://www.olympiachristianschool.org/preschool>

(360) 493-2223

2016-2017 RE-ENROLLMENT INFORMATION

Child's Full Name _____ Home Phone (____) _____ Birthdate: ____/____/____

Home Address _____
Street City State Zip

Parent/Guardian Information

Mother's Name _____ Father's Name _____

Business Phone _____ Cell Phone _____ Business Phone _____ Cell Phone _____

E-Mail Address _____ E-mail Address _____

Please indicate preferred days of attendance:

Full Day Programs (6:30 AM - 6:00 PM)

- Fulltime Program (M-F)
- 3-Day Program (M/W/F only)
- 2-Day Program (TU/TH only)

AM Preschool Programs: (9:00 AM -11:30 AM)

- 5-Day Program (M-F)
- 3-Day Program (M/W/F only)
- 2-Day Program (TU/TH only)

Please return this completed form with your registration fee of \$125 to the Preschool Office. This will secure your child's place for the 2016-17 school year. The Fall Session begins on September 1st and additional forms will be sent home once your Re-Enrollment Form is submitted.

Parent/Guardian Signature _____ Date _____ Received By _____ Date _____