Date:



## 2024-2025 Registration Form

NEW STUDENTS

Child's N	Name	Birth Do	ute		
All studer	nts <u>must</u> be 3 years old by August 3	1, 2024			
Age on S	Sept. 1, 2024 years	months	Male	Female	
Anticipated Kindergarten Start Date		(please circle): Fall	of: 2025	2026	2027
First name you would like your child to <u>learn</u> and be called					
Church affiliation How did you hear about ALS?					
Mom's Name		Occupation:			
EMAIL:		Phone:			
Dad's Name		Occupation:			
EMAIL:		Phone:			
Mailing Address:		City		Zip	
Siblings Names/Ages/School:					
Special Information (allergies, special needs, etc.)					
<u>Please i</u>	ndicate your first choice bel	ow:			
To better balance the classrooms, we do not accept teacher or friend's together requests.					
	Tuesday/Thursday	3 & 4 year old's	\$210/mont	h	
	Monday/Wednesday/Friday	3 -5 year old's	\$280/mon	th	
	5-day Pre-Kindergarten	4 & 5 year old's	\$375/mon	th	
<mark>Fees D</mark> u	<mark>le:</mark> Registration Fee	\$75	(Non-refur	ıdable)	
	*First month's tuition	\$			
Current month tuition d		e \$			
	Total Due:	<b>\$</b>			
*Tuition is paid one month in advance - You will not make a payment the last month of school					
<mark>Please i</mark>	<mark>nclude additional forms to co</mark>	<mark>omplete registratio</mark>	<mark>on:</mark>		
✓ Emergency, Information, and Immunization Record Card					
✓ Copy of birth certificate or other proof of birthdate					
✓ Copy of immunization record					
OFFICE U	JSE: Date Email confirm	ned:	Cash	Check #	
	Memo C	onfirmation	Pre	z K homework_	