



Cumming Baptist Preschool Registration Form 4-K Class

Thank you so much for your interest in our preschool! We look forward to the opportunity to work with you and your child! Please fill out the information below if you would like to register your child for the **2017-18** school year.

Childs Full Name _____

Childs Date of Birth _____

Parent's Names _____

Home Address _____

Home Phone _____ Cell Phone _____

Email Address _____

I would like to enroll my child/children for the **2017-18** school year. I am enclosing the non-refundable **\$115** registration fee. The non-refundable activity fee of **\$50** is due by **June 1**. I understand my child will be signed up for a 4 day preschool program that will be in session on Monday, Tuesday, Wednesday, and Thursday from 9-12:30 each week. The tuition per month will be **\$220.00**, payable the month prior. For example, September tuition will be paid on August 1. Our preschool will begin September 5. We will follow the Forsyth County school calendar for all breaks, holidays, and inclement weather days.

Parent Signature: _____ Date: _____