

**FINGERPRINTS PRIVATE CHRISTIAN PRESCHOOL
2010 Fall Registration Form**

(Young Two's and Two's ~ 15 months to 2 1/2 years old)

Child=s Name: _____ Today=s Date: _____

Parent=s Name: _____ E-mail _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ bus: () _____
cell: () _____

Sex: _____M or _____F

Child=s date of birth: _____

Age as of September 1, 2010: _____

Days of the week enrolling:

_____ One Day (Friday only)

_____ Tuesday/Thursday

_____ Monday/Wednesday

_____ Monday/Wednesday/Friday

_____ Monday thru Friday

Please turn in to the office with the registration fee of \$100 (returning) or \$125 for new students (non-refundable). We follow the Frisco school calendar and the first day of school is scheduled for August 23rd. Please be aware we charge tuition for a **nine**-month period, and will not be pro-rated any month September through May.

Parent signature: _____

Office: Returning _____ New _____ Ck# _____ Amt. _____ Cash _____