

Community Christian Preschool & Childcare Center

4706 Park Center Avenue NE Lacey, WA 98516

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

(360) 493-2223

ENROLLMENT APPLICATION

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)

Half Day Preschool Programs: AM or PM

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

Requested Start Date: ____/____/____ (Days are not guaranteed until enrollment is finalized)

Please return this application to the Preschool office along with the registration fee of \$125.00. Submission of this application does not guarantee enrollment. An interview with the parent and child may be scheduled prior to enrollment. Registration fees are non-refundable unless we have no openings available for the time of requested enrollment.

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