Preschool Registration Form For:

StudentsName:_____Age____

Parents Name_____

Phone # _____

e-mail_____

Days you will attend: Tuesday   Wednesday   Thursday

My tuition will be_____/ monthly (Calculate at $35/day)

I understand that tuition is due on the first day of each month.

I would like to:

_____ **pay by check monthly**

_____**Please Auto Debit my Credit Card:**

CC #_____

Exp Date:_____

Signature_____

Print Name on card _____