



2017-2018 Registration Form

Student's Full Name _____

Sex: M/F Date of Birth: ____/____/____ Age on 9/1/17: ____

Mailing Address: _____

City: _____ Zip: _____

Phone to CALL FIRST: _____

Mother's Name: _____

Phone: _____ E-Mail: _____

Dad's Name _____

Phone: _____ E-Mail: _____

Who is allowed to pick up your child from EPS?

Name _____ DL# _____

Name _____ DL# _____

List any concerns you have for your child in the areas of social, emotional, physical and language development:

Please explain any dietary restrictions, allergies, or other health concerns that require special attention:

Is your child completely potty trained (asks to go on their own)?
Yes/No

PROGRAM INCLUDES

Toddlers (12-24 months), 2 and 3 year olds:

2 days a week (Tuesdays and Thursdays 9:30-1:30)

\$50 Annual Registration Fee/\$60 Annual Supply Fee/\$140 Monthly Tuition

4 year olds:

3 days a week (Tuesdays/Wednesdays/Thursdays 9:30-1:30)

\$50 Annual Registration Fee/\$60 Annual Supply Fee/\$165 Monthly Tuition

- *Class enrollment is based on the child's age as of September 1.*
- *If there is more than one child per family, a 10% discount applies to the monthly tuition for the second child.*

The fees are due at the time of enrollment. First month's tuition (Sept) is due on August 10th. Tuition is due on the 10th of the month, unless special arrangements are made. Tuition is paid a month ahead, (Oct is due on Sept 10th, etc) Payments made after the 10th, will incur a \$10 late fee.

If you choose to withdraw your child, we must be given 30 days notice. Fees are not refundable.

All payments may be made in the following ways:

Cash – please put in an envelope and label with child’s name and the month you are paying .

Check – please note child’s name and the month you are paying

On-Line with Card – Go to eastridge.cc and click on Preschool tab. There is a drop down for Payments. Fill out form and submit. This will need to be done each time you pay...may not be automatically done.

Please include a check for the Fees with this form and return to:

Eastridge Church of Christ Pre-School
670 Stodghill Rd.
Rockwall, TX 75087

Immunization records or doctor forms are due at Meet the Teacher Night (TBA).

Parent’s Signature _____ Date _____