

Liberty Christian Preschool
Facility #300607110

ENROLLMENT CONTRACT

Child's Name: _____

Date of Birth: _____ Place of Birth: _____

Lives with: _____

FATHER'S INFO:

Name: _____

Home Address: _____

Cell Phone: _____

Email Address: _____

Place of employment: _____

Work Phone: _____

MOTHER'S INFO:

Name: _____

Home Address: _____

Cell Phone: _____

Email Address: _____

Place of employment: _____

Work Phone: _____

Person(s) responsible of the account: _____

Relationship to child: _____

HOW DID YOU HEAR ABOUT LIBERTY CHRISTIAN PRESCHOOL:

We are enrolling in the following weekly program (choose one option):

____ 2 Half Days ____ 3 Half Days ____ 4 Half Days ____ 5 Half Days

____ 2 Full Days ____ 3 Full Days ____ 4 Full Days ____ 5 Full Days *Start date: _____

*Billing to your account will begin on the start date written above.

The Registration Fee must accompany this form. The Registration Fee is non-refundable. No child will be admitted without registration papers, including the Physician's Report. Registration fees cover registration for one child into Liberty Christian Preschool. This will acknowledge that I/we the parent(s) of the above-named child, have received and agreed to the policies of Liberty Christian Preschool, as stated in the "General Policies" and "Parent Handbook" for Liberty Christian Preschool.

Parent/Guardian Name

Signature

Date

Parent/Guardian Name

Signature

Date

DIRECTOR'S SIGNATURE

DATE