

Mansfield 1st EPC Preschool Registration Form 2024-25

(OFFICE FILLS OUT THIS SIDE)

Date Registered _____

Fee Due _____

Amount Paid _____

Cash Receipt # _____

Check # _____

Credit Card _____

Please Mark Correct Program(s)

TuTh Class _____ (younger 3years old)

MWF Class _____ (older 3's – 5years old)

5-Day 1 Class _____ (4 years old by 9/30/23)

5-Day 2 Class _____ (5 years old by 1/1/24)

Preschool Plus Morning _____ (extended care)

Preschool Plus Afternoon _____ (extended care)

COMPLETELY FILL OUT EACH SECTION BELOW IN BLUE OR BLACK INK

Student Information

Child's Name: _____

Preferred Name: _____ Gender: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone Number: _____

Mother/Guardian Information

Mother/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Number: _____

Work: _____ Work Number: _____

Father/Guardian Information

Father/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Number: _____

Work: _____ Work Number: _____

I understand that the Mansfield 1st EPC Preschool reserves the right in extreme circumstances to terminate the enrollment of any child if, in the opinion of the Preschool staff, continued attendance would not be in the best interest of either the child or of the Preschool.

Signature: _____ Date: _____