

Ascension **Preschool Registration Form Three-year-old Preschool**

To enroll your child in the Ascension preschool program, complete this form and return along with the non-refundable registration fee.

Childs Full Name		Birth Date	
Religion/ Parish Men	ıbership	Male() OR F	emale ()
Parent Name		Parent Name	
Address	ZIP	Address	ZIP
Home Phone	Cell Phone	Home Phone	Cell Phone
email Address		email Address	
Attendance: *P	Full Time lease note priority is given to	3 days/week M	Iornings only ment.
<u>REGIST</u>		.00 PER CHILD (NONREFU ee if paid by February 2nd - \$100.00	NDABLE)

*Please read and check the appropriate line:

I am registering my child for Three's Preschool for the fall of 2024, please debit the account on file for the registration fee.

I am registering my child for Three's Preschool for the fall of 2024, I have attached a check for the registration fee.

PARENT SIGNATURE

Date

Office Use Only: Amount Paid _____

Date Paid _____ Check/Batch _____