

SHEPHERD OF THE HILLS KINDERGARTEN

580 Trinity Drive
Vacaville, Calif. 95687
(707) 447-6278

Registration Form 2015-2016 School Year

Last Name: _____ First: _____ Middle: _____ Male Female

Child's Date of Birth: Month: _____ Day: _____ Year: _____

Mother/Guardian Name: _____ Email _____

Address: _____ Zip Code: _____

Phone #: _____ Cell # _____ Work: _____

Father/Guardian Name: _____ Email _____

Address: _____ Zip Code: _____

Phone #: _____ Cell # _____ Work: _____

Shepherd of the Hills Church member? Yes No

If no, church currently attending _____ None

Registration Fee: A \$150.00 non-refundable registration fee is required when returning this form.

Parent's Signature

Date

For Office Use Only
Date Received: _____
Check# or Cash Receipt#: _____