SHEPHERD OF THE HILLS PRESCHOOL

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

Registration Form 2019-2020 School Year

Child's Name:				
Child's Date of Birth: Month:		Day:	Year:	
Mother's Name:		Father's Name: _		
Address:			_ Zip Code:	
Phone #:		Work:		
Congregation Affiliation	;			
Please state your prefer	ence for th	e following sessions. See	attached fee sche	dule for prices.
4/5 Year Old Sessions ~	Pre-Kinde	rgarten_	3 Year Old Sessions	
Mon/Wed/Fri	Fri 8:30am - 11:30am		_Mon/Wed/Fri	8:30am -11:30am
Tues/Thurs	8:30am - 11:30am		_Tues/Thurs	8:30am -11:30am
M-F	8:30am – 11:30am			
Mon/Wed/Fri Cherubs Mon We		_ Fri	Tues/Thurs Ch	
Number of Days Attend	ding	Equals Days Per Month	Total Additio Month to	
1		4	\$60.00	
2 3		8 12	\$120.00 \$180.00	
4		16	\$180.00	
5		20	\$250.00	
Registration Fee: A \$12 Parent's S		fundable registration fee is	s required when ret	urning this form. —
		For Office Use Only		
Date Received:		Tot office est only		
Check# or Cash R	eceipt#:			
_]	I am inte	erested in summer	rschool	