

SHEPHERD OF THE HILLS PRESCHOOL

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

Registration Form 2008-2009 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 preference for the following sessions as first and second choices by writing the numbers 1 and 2. See attached fee schedule for prices.

4/5 Year Old Sessions ~ Pre-Kindergarten

_____ Mon/Wed/Fri 8:30am - 11:30am

_____ Tues/Thurs 8:30am - 11:30am

3 Year Old Sessions

_____ Mon/Wed/Fri 8:30am - 11:30am

_____ Tues/Thurs 8:30am - 11:30am

Extended Care: 7:30am – 5:30pm

_____ Full Time _____ Part Time _____ Days Child Attends

Cherubs \$10.00 a day-see cost chart below/Drop In rate \$12.00 per day

Mon/Wed/Fri Cherubs

_____ Mon _____ Wed _____ Fri

Tues/Thurs Cherubs

_____ Tues _____ Thurs

Number of Days Attending	Equals Days Per Month	Total Additional Cost Per Month to Tuition
1	4	\$40.00
2	8	\$80.00
3	12	\$120.00

Registration Fee: A \$75.00 non-refundable registration fee is required when returning this form.

Parent's Signature

Date

For Office Use Only

Date Received: _____

Check# or Cash Receipt#: _____