

SHEPHERD OF THE HILLS PRESCHOOL

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

Registration Form 2017-2018 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. See attached fee schedule for prices.

4/5 Year Old Sessions ~ Pre-Kindergarten

3 Year Old Sessions

_____ Mon/Wed/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

Cherubs \$12.00 a day-see cost chart below/Drop In rate \$20.00 per day

Mon/Wed/Fri Cherubs

Tues/Thurs Cherubs

_____ Mon _____ Wed _____ Fri

_____ Tues _____ Thurs

Number of Days Attending	Equals Days Per Month	Total Additional Cost Per Month to Tuition
1	4	\$48.00
2	8	\$96.00
3	12	\$144.00
4	16	\$192.00
5	20	\$175.00

**Registration Fee: A \$125.00 non-refundable registration fee is required when returning this form.
For current 2016-2017 enrolled families a \$100.00 registration fee is required with this form.**

Parent's Signature

Date

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

_____ I am interested in summer school

