## SHEPHERD OF THE HILLS PRESCHOOL

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

## Registration Form 2025-2026 School Year

Child's Nan	ne		
Child's Date	e of Birth: Month	Day:	Year:
Parent's Name:		Phone #	
Parent's Name:		Phone #	
Email:		Email:	
Address:			
_	/5 Year Old Sessions ~ Pre-K  Mon/Wed/Fri 8:30-11  5 Day(M-F) 8:30-11  Cherubs \$20.00 a d	:30 am N	Mon/Wed/Fri 8:30-11:30 am Tues/Thurs 8:30-11:30 am rate \$30.00 per day
	Number of Days Attending	Equals Days Per Month	Total Additional Cost Per Month to Tuition
	1	4	\$80.00
	2	8	\$160.00
	3	12	\$240.00
	5	16 20	\$320.00 \$340.00
Mon/Wed/Fri Cherubs		Tues/Thurs Cherubs	5 Days Cherubs
Mon	Wed Fri	Tues Thurs	M-F
Regis	tration Fee: A \$150.00 non-ro	efundable registration is requi	red when returning this form.
Parent's Signature			Date
	I am interested in summer sc	Date Received:	