## **King of Glory Preschool**

## 2024-2025 Registration Form

Child's Na	ame:	Date of Birth:	
Address:			
City:	Zip Code:	Major Crossroads:	
Age of Ch	ild:(As o	of August 1, 2024) Gender:	
Email:		Home Phone Number:	
Father's l	Name: F	Father's Cell Phone Number:	
Mother's	Name: M	Mother's Cell Phone Number:	
	e note that your contact inform the right to opt out of that se	mation will be part of the Parent Directory through <i>brightwhee</i> ervice at any time.	
Please Cl	neck the Class or Classes of Your	r Choice:	
Core Lea	rning Classes from 9:00 a.m. to	11:30 a.m.:	
3's (	Class 2 Day (T/TH a.m.)		
3's (	Class 3 Day (T/W/TH a.m.)		
Pre-	·K Class (M thru TH a.m.)		
Т/Т	H 11:30 a.m. to 3:00 p.m Lunch	h Bunch and Extended Day Class for all ages	
•	-	ates to be determined) - All Ages (Fri. 9:00 a.m. to 1:00 p.m.)	
s a King of	y Parent Agreement: Glory Preschool Parent, I will:		
1.	Make tuition payment the first of fee if payment is made after the teable to attend school every day.	every month. I understand a late fee of \$10.00 can be added to the month enth of the month. In addition, I will pay monthly whether or not my child	
2.	* *	any signs of illness or other communicable disease.	
3.	· V	or my child and keep them updated.	
4. 5.	2	s at least once per month during the school year.	
6.			
7.	Notify the teacher if my child is to	fy the teacher if my child is to be picked up by someone other than myself.	
8.	Keep information on the blue eme	ergency card current and up-to-date.	
arent Sign	ature:	Date:	
L givo Vin	g of Clary Proschool parmission to	use my child's image on promotional materials such as posters, flyers,	
. •	• •	letters, DVD's, and/or on the KOG website.	
Parent Sig	gnature:	Date:	
	vou hear about us?	OFFICE USE ONLY: Reg. Date:	
Friend: _ Website: _	Facebook: Advertising:		
Banner: _			