



Monclova Christian Preschool

(2024-2025)

Date: _____

Student Information

Child's Name: _____ M: F:

Child's Age: (at time of registration) _____ Child's Birthday: _____
Month Day Year

Name you would like your child to be called: (nickname or shortened first name) _____

Name to print for recognition: _____

Email Mom: _____

Email Dad: _____

Parental Information

Mother's Name: _____

Address: _____
Street Address City State Zip Code

Home Phone #: _____ Cell Phone #: _____

Father's Name: _____

Address: _____
Street Address City State Zip Code

Home Phone #: _____ Cell Phone #: _____

Church you attend: _____

I am registering my child for:

- 3 year-old morning class (Tuesday, Thursday from 9:00 - 11:30 a.m.)
- 4-5 year-old morning class (Monday, Wednesday, Friday from 9:00 - 11:30 a.m.)
- 4-5 year-old afternoon class (Monday, Wednesday, Friday from 12:30 - 3:00 p.m..)

Enclosed is my \$100.00 non-refundable registration fee.

Make checks payable to:

Monclova Christian Preschool
7819 Monclova Road
Monclova, OH 45542

Check

Cash

(This segment of the form is for internal use only. Please leave blank)

Processed by:

Administrator Signature: _____

Date Processed: _____ Check # (If applicable): _____