

Liberty Christian Preschool
Facility #300607110

ENROLLMENT CONTRACT

Child's Name: _____
Date of Birth: _____ Place of Birth: _____
Lives with: _____

FATHER'S INFO:

Name: _____
Home Address: _____

Cell Phone: _____
Email Address: _____
Place of employment: _____
Work Phone: _____

MOTHER'S INFO:

Name: _____
Home Address: _____

Cell Phone: _____
Email Address: _____
Place of employment: _____
Work Phone: _____

Person(s) responsible of the account: _____

Relationship to child: _____

HOW DID YOU HEAR ABOUT LIBERTY CHRISTIAN PRESCHOOL:

We are enrolling in the following weekly program (please write below the number of days that your child will be attending):

_____ Half Days _____ Full Days *Start date: _____

*Billing to your account will begin on the start date written above.

The Registration Fee of **\$100.00** must accompany this form. The Registration Fee is non-refundable. No child will be admitted without registration papers, including the Physician's Report. Registration fees cover registration for one child into Liberty Christian Preschool. This will acknowledge that I/we the parent(s) of the above named child, have received and agreed to the policies of Liberty Christian Preschool, as stated in the "General Policies" and "Parent Handbook" for Liberty Christian Preschool.

Parent/Guardian Name Signature Date

Parent/Guardian Name Signature Date

DIRECTOR'S SIGNATURE DATE