FLATWATER BANK
EARLY LEARNING
CENTER

Part Time Preschool Registration Form

Child Information:

1. Child's Full Name: _____ Birthdate: _____

Current Age: _____

I am registering my child for the following class:

	3/4 Year Old Class	Mon/Tues/Wed/Thurs 8:15-11:00 a.m.	$160/mo
	4/5 Year Old Class	Mon/Tues/Wed/Thurs 12:15-3:15 p.m.	$175/mo

2. Child's Full Name: _____ Birthdate: _____

Current Age: _____

I am registering my child for the following class:

	3/4 Year Old Class	Mon/Tues/Wed/Thurs 8:15-11:00 a.m.	$160/mo
	4/5 Year Old Class	Mon/Tues/Wed/Thurs 12:15-3:15 p.m.	$175/mo

3. Child's Full Name: _____ Birthdate: _____

Current Age: _____

I am registering my child for the following class:

	3/4 Year Old Class	Mon/Tues/Wed/Thurs 8:15-11:00 a.m.	$160/mo
	4/5 Year Old Class	Mon/Tues/Wed/Thurs 12:15-3:15 p.m.	$175/mo

The Flatwater Bank Early Learning Center will provide transportation to and from these classes from a local, licensed in-home provider for $15/month. Does your child need transportation? ____ Yes ____ No

Name of provider: _____

Guardian Information:

Guardian #1 Full name:_____ Email:_____

Address:_____

Cell:_____ Place of Employment and phone:_____

Guardian #2 Full name:_____ Email:_____

Address:_____

Cell:_____ Place of Employment and phone:_____

I/We, _____, have received the parent handbook. I/We have reviewed the contents and agree to abide by all policies and procedures included. I/We understand that any questions concerning this handbook can be brought to the center director or the Impact Center Board of Directors.

Signature of Guardian #1:_____Date:_____

Signature of Guardian #2:_____Date:_____

Return completed and signed form with $50 registration/materials fee to the Flatwater Bank Early Learning Center, 902 12th Street, Gothenburg, NE 69138.