

Received on

Fees Paid

Student Registration Form 2024-2025 School Year



STUDENT INFORMATION

Child's First Name: _____ Last Name: _____ Male ___ Female ___

Name Child Goes By: _____ Birth date: ____ / ____ / ____

Home Address: _____

City: _____ Zip: _____ Pediatrician: _____

Allergies: _____

Medications: _____

Referred by: _____

ENROLLMENT

Your child must be the appropriate age by September 1.

Please circle the option for your child:

2's Class	Two days a week (M/W or T/TH)	\$210.00/month
	Four days a week (M,T,W,Th)	\$330.00/month
3s Class	Two days a week (M/W or T/Th)	\$210.00/month
	Four days a week (M, T, W, TH)	\$330.00/month
Pre-K 4	Four days a week (M,T,W,Th)	\$330.00/month

PARENT INFORMATION

Mother's First Name: _____ Last Name: _____

Employer: _____ Occupation: _____

Best Phone Number to Reach Mother: _____ Alternate: _____

Father's First Name: _____ Last Name: _____

Employer: _____ Occupation: _____

Best Phone Number to Reach Father: _____ Alternate: _____

Primary Family Email: _____

Church Home: _____

PERSONS AUTHORIZED FOR PICK-UP

I hereby authorize Heritage Preschool to allow my child to leave the school with the following people:

Name: _____ Phone: _____ DL# _____

Name: _____ Phone: _____ DL# _____

Name: _____ Phone: _____ DL# _____

HOME

Pets: _____

Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

PERSONALITY

Child's Favorites:

Foods: _____

Toys: _____

Games: _____

Songs: _____

What are five words you would use to describe your child? _____

Please include any helpful information regarding your child such as temperament or fears: _____

**Please complete and return with
proof of immunizations (blue card) and non-refundable \$150 registration fee
(\$250 for 2 children)**

*** A one-time \$125 material fee is due with the first month's payment.**