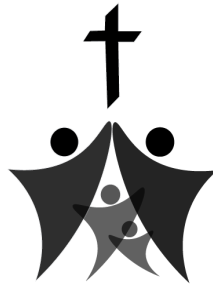


33 Bay Shore Road
Deer Park, New York 11729
(631) 242-6612



ascensionluthprek@gmail.com
www.ascensionlutheran.org

Ascension Preschool

REGISTRATION FORM 2018 – 2019 School Year

Child's Name _____ Birth Date _____ Age _____
Male _____ Female _____
Parent or Guardian Name _____ Parent or Guardian Name _____
Address _____ Address _____
City & Zip _____ City & Zip _____
Home Phone _____ Home Phone _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____
Email _____ Email _____

Please circle desired class:

2-YEAR OLDS

3 - YEAR OLDS

4—YEAR OLDS

Mon/Wed/Fri 9:15—11:45 A.M.

Mon/Wed/Fri 9:15 - 11:45 A.M.

Mon/Wed/Fri 9:15-11:45 A.M.

Tues/Thurs 9:15-11:45 A.M.

Tues/Thurs 9:15-11:45 A.M.

Mon- Fri 9:15-11:45 A.M.

Mon/Wed/Fri 12:15—2:45 P.M.

Application Payment:

Date Paid _____ Amount Paid _____ Check _____ Cash _____

June 2019 Tuition Payment:

Date Paid _____ Amount Paid _____ Check _____ Cash _____

List all people who can pick/ drop off your child (Please note that ID is Required)

Is there anyone your child cannot be released to: _____

***Proper documentation needed**

Please initial each of the following statements indicating that you understand and will adhere to the listed policies below:

___ For a child to be enrolled, a \$75 non-refundable registration fee must be paid.

___ Monthly tuition is due by the 1st of each month unless the 1st falls on a day school is not in session.

___ Enrollment at Ascension Preschool is granted on a first come, first served basis. A wait list is maintained when enrollment limits are reached.

**** Do You Give Permission for your child's name to be distributed as a Class List to other class members; with the understanding that it is used for school purposes only?**

Yes _____ No _____

****Do you give permission for photos/videos *without names* to be used for promotional purposes in social media and print?**

Yes _____ No _____

Parent signature _____ Date _____

Please print your name _____