Office	use	on	v

Paid by:
Check #____Amt____
Cash amt _____

Balance _____

River of Living Water Preschool 2019-2020 Registration

Child's name						
Nickname or	name to be call	ed				
Age	(on September 2, 2019) Birth Date Gend			Gender		
		Mon/Wed or Tue Monday-Thursday		•		
Circle the cla We will do	Registration Fees Two Days \$135					
Ones: Children need	•	Tues/Thurs radmission into this	•	4 days \$240 Your paid registration fee		
Twos:	Mon/Wed	Tues/Thurs	4 Days	holds your child's spot. Please make checks		
Threes: Children need		Tues/Thurs ed for admission into	•	payable to ROLW Preschool. Do not include current tuition with registration.		
Fours:	Mon/Wed	Tues/Thurs	4 Days	tariasir mar regionationi		
Responsible a	Adult's Name					
Mailing Addı	ress					
City		Zip				
Home phone	2	Cell #				
Email:						
Registration fee is not refundable						
My child wil	l <u>not</u> be attendir	OR ng River of Living V	Water Preschoo	l next year.		
Child's na	Child's name Parent's Signature					