

Liberty Christian Preschool
Facility #300607110

ENROLLMENT CONTRACT

Child's Name: _____

Date of Birth: _____ Place of Birth: _____

Home Phone: _____ (please no cell phones)

Address: _____

City: _____ Zip Code: _____

Father's Name: _____ Mother's Name: _____

Father's place of employment: _____

Father's work phone: _____ Father's cell phone: _____

Father's email address: _____

Mother's place of employment: _____

Mother's work phone: _____ Mother's cell phone: _____

Mother's email address: _____

Person responsible of account: _____

Address: _____

City: _____ Zip Code: _____

Relationship to Child: _____

How did you hear about Liberty Christian Preschool?

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 agree to the policies of Liberty Christian Preschool, as stated in the "General Policies" and "Parent Handbook" for Liberty Christian Preschool.

Parent or Guardian Signature

Date

Secretary Signature

Date