

Etz Chaim Preschool – Registration Form 2016-2017



Please complete this form to enroll your child.

Name: _____ DOB: _____

Parent Names: _____ Shirt Size (Circle One): 2T 4T 6T

Address: _____ City, State, Zip: _____

Phone Number: _____ Email: _____

Please return completed form to Etz Chaim Preschool – 1190 Indian Hills Parkway – Marietta, GA 30068

Please check off the appropriate class in the chart below:

	2 Day Option (Choose 2 days‡)	3 Day Option (Choose 3 days‡)	4 Day Option (Choose 4 days‡)	5 Day Option
14mos -23mos*				
2yr				
3yr				
PreK				

Please select day preference: Mon Tues Wed Thurs Fri

Full Time (8:00am – 4:00pm) Part Time (9:30am – 1:30pm)

* Children must be walking in order to attend this class. ‡Final availability of days will be determined by enrollment.

A non-refundable registration fee must accompany this form in order to enroll your child. The registration fee is \$75 *per child* for members of Etz Chaim and \$100 for non-members when submitted on or before March 31, 2015. After March 31, 2015 the registration fee is \$100 for members of Etz Chaim and \$125 for non-members.

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<i>For Office Use Only</i>	Check #: _____	Check Amount: _____	Start Date: _____	Rate: _____
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