## King of Glory Preschool

## 2025-2026 Registration Form

onna o mai	ne:	Date of Birth:	
Address: _			
City:	Zip Code: Major	Crossroads:	
Age of Chil	d: (As of August 1, 2	<b>025)</b> Gender:	
Email:	Но	ome Phone Number:	
Father's Na	ame: Father's Cell P	hone Number:	
Mother's N	Iame: Mother's Cell F	Phone Number:	
	note that your contact information will b the right to opt out of that service at any	e part of the Parent Directory through <i>brightwheel</i> . time.	
Please Che	ck the Class or Classes of Your Choice:	Notes:	
Core Learn	ing Classes from 9:00 am to 11:30 am:		
3's Cla	ass 2 Day (T/TH am)		
3's Cla	ass 3 Day (T/W/TH am)		
Pre-K	Class (M thru TH am)		
M	TuWTh Extended Day Class	s for all ages 11:30 am to 3:00 pm (Lunch Bunch included)	
	Fun Day - Twice a month (dates to be determin		
	y Parent Agreement:		
0	Glory Preschool Parent, I will:	( <b>A</b> )	
1.	Make tuition payment the first of every month. I understand a late fee of \$10.00 can be added to the monthly f payment is made after the tenth of the month. In addition, I will pay monthly whether or not my child is able ttend school every day.		
	Keep my child home if there are any signs of illn		
	Obtain required immunizations for my child and		
		nack for my child's class at least once per month during the school year. e in one special day or party day at <mark>sc</mark> hool with my child if possible.	
	Preschool polices and procedures.		
	Notify the teacher if my child is to be picked up h		
8.	Do my best to be on time to pick-up my child at t		
	Follow the Social Code of Conduct outlined in the		
10.	Keep information on the blue emergency card cu	urrent and up-to-date.	
,	ature:		
brochures,	newsletters, digital/online newsletters, DVD's, a		
Parent Sigr	nature:	Date:	
How did yo	ou hear about us?	OFFICE USE ONLY: Reg. Date:	
I /	Facebook: Advertising: Online Directory: h: Other:	Amount Paid: Check #: Date:	