



New Creations Preschool
A Ministry of Fowlerville UB Church
Registration 2020-2021



(Please Print)

Child's name: _____ Name to be used: _____

Birth date: _____ Age _____ (On Sept. 1, 2020) (circle one) M or F

Home address: _____

Parent #1: _____ Cell Phone: _____

Work #: _____ Email: _____

Address: (If different from child): _____

Parent #2: _____ Cell Phone: _____

Work #: _____ Email: _____

Address: (If different from child): _____

Child's allergies: _____ Epipen? Y or N

(A copy of your child's health form will need to be included prior to start of school unless your child attended New Creations last year)

Does your child have any special needs or limitations? Y or N (if yes, please include a brief description): _____

Is your child up-to-date on all immunizations? Y or N

(A copy of the immunization record will need to be included prior to start of school)

Sibling's names and ages:

How did you hear about New Creations Preschool?

Do you plan to use our before (7-9 AM) and/or after (3-6 PM) school program? Y or N

(Additional paperwork will need to be completed for this) New Creations Preschool offers full day preschool (9 AM-3 PM) and half day preschool (9-11:30 AM). Please check one option and circle your preferred days. *This will be based on availability.*

_____ Option A: 2 full days. \$186.00 per month M T W TH

_____ Option B: 3 full days. \$269.00 per month M T W TH

_____ Option C: 4 full days. \$352.00 per month

_____ Option D: 2 half days. \$100.00 per month M T W TH

_____ Option E: 3 half days. \$150.00 per month M T W TH

_____ Option F: 4 half days. \$200.00 per month

You must choose either half or full days, but NOT a combination of both. The half days will be limited, on a first come first serve basis.

Included is my \$35 non-refundable registration fee. *Make checks payable to Fowlerville UB Church.*

Parent Signature

Date

For Office Use Only:

Date Received: _____ *Check #:* _____ *Total Received:* _____