

Spread Their Wings Preschool
Registration Form

Child's Name _____ Date of Birth _____

Mother's Name _____ Father's Name _____

Mailing Address _____

Email Address _____

Home Phone _____

Employment Information

Mother's Place of Employment

Father's Place of Employment

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Emergency Contact (other than parent)

Name _____ Phone _____

List any allergies or health problems _____

Circle One Class Choice:

Must be 4 by June 1
Monday, Wednesday, Thursday

Must be 3 by March 31
Tuesday, Friday

8:30 - 11:30 AM
\$215/month

8:45 - 11:00 AM
\$125/month

Non-refundable \$50.00 Registration Fee is due at time of registration to guarantee class placement.

Tuition is due on the 1st school day of each month. There is a \$10 late fee for payments received after the 10th of the month.

I have read and understood the above policies:

Signature _____ Date _____

Please return form to Jessica Dyer, 175 Blackhawk Ln., Kalispell, MT 59901 (261-6935)