## Community Congregational Preschool

876 "F" Street Chala Wata CA. 91910 Phone: (619) 420-2046



## 2024-25 REGISTRATION

Thank you for your interest in our preschool! We are looking forward to an exciting new school year.



Please complete the bottom half of this form. Indicate which days your child will be enrolled. There is a \$100.00 non-refundable registration fee per child or/ (\$145.00 per Family.)



Upon receipt of this form and the registration fee, your child will be placed on our enrollment list for the 2024-25 school year and an enrollment packet with all the necessary forms and agreements will be forwarded to you.

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Thank you and welcome to Community Congregational Preschool!



## 2024-25 REGISTRATION FORM

Child's Name:	Birth Date:
Address:	First contact #
City	-Zip
Names of Parents/Guardians:_	
Work Telephones/Cells:	*
e-mail address:	
Days Enrolled- Mon-Tues-Wed	I-Thurs-Fri- 2 Days, 3 Days, 4 Days, 5 Days
MorningsAfterno	oons Full Days
Time: From	_ To What Days? M T W TH F
•	oster of children currently enrolled with names and which may be released to other parents.
☐ Yes, please include me.	☐ No, I do not wish to be included.
How did you hear about our sch	ool?