

Mt. Washington Christian Preschool

710 Copenhaffer Road

York, PA 17404

266-8411

Registration Form

2010-2011 School Year

\$50.00 Registration fee is non-refundable
(Registration fee - \$35 / Insurance fee - \$15)

Application Date: _____ Registration Check Number _____

Child's Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____/____/____ Sex: M _____ F _____

School District: _____ Date Child should enter Kindergarten: _____

Mother's Name: _____ Home Phone: _____

Place of Employment: _____

Work Days: _____ Phone Number: _____

Father's Name: _____ Home Phone: _____

Place of Employment: _____

Work Days: _____ Phone Number: _____

Name and age of siblings: _____

Church Affiliation: _____

Please note: First month's tuition payable prior to September 1, 2010.

I understand that my child's tuition is due the first of every month. Make checks payable to:
Mt. Washington Christian Preschool.

_____ Name

_____ Date