

CHRIST EPISCOPAL CHURCH PRESCHOOL

1521 N. Patterson Street Valdosta, GA 31602 APPLICATION FOR ENROLLMENT

School Year 2024/2025	Sex: M	F	Age: 234		
Name of Child:					
Preferred Name: Date of Birth:					
Parent(s) Name(s): (Mothe	er)	9	(Father)		
Mother's Address:					
Mother's Email Address:		Motl	Mother's Phone:		
Mother's Place of Employi	nent:		Work Phone:		
Father's Address:					
Father's Email Address:		Father's Phone:			
Father's Place of Employm	ent:	Work Phone:			
			up child (emergency or othe		
Name:			Phone:		
Name:			Phone:		
Name:	me:Phone:				
Non-Refundable Registrati Monthly Tuition: Members	on Fee of \$1: of Christ C	50.00 must hurch:-\$17	be accompany this applicat 5.00 & Non-Members-\$195.	ion. 00	
Date	×	P	Parent/Guardian Signature		
Date		P	Parent/Guardian Signature		

TUITION IS DUE THE FIRST DAY OF EACH MONTH