



Julia Willette, Preschool Director
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King's Christian Preschool
 1137 Arbutus Ave.
 Chico, Ca 95926

Enrollment Application 2024-2025

Child's Name _____ Male / Female _____ Birthday ____/____/____
 Home Address _____ Phone _____
 City _____ State _____ Zip Code _____

Parent Information: Married Single Separated Divorced Widowed
 Mother's Name _____ Work Phone _____
 E-mail Address _____ Cell Phone _____
 Mother's Address (if different from child's home address) _____

Father's Name _____ Work Phone _____
 E-mail Address _____ Cell Phone _____
 Father's Address (if different from child's home address) _____

DESIRED SCHEDULE/TUITION (please select ONE option):

All Stars Before School (7:00am-8:00am):
 () 2 days = \$42/month Please circle the days your child will attend:
 () 3 days = \$52/month M/T/W/TH/F
 () 4 days = \$62/month
 () 5 days = \$72/month

PRESCHOOL ADMIN USE

DATE RECIEVED
 ____/____/____

All Stars After School (1:00pm-6:00pm):
 () 2 days= \$115/month Please circle the days your child will attend:
 () 3 days= \$168/month M/T/W/TH/F
 () 4 days= \$224/month
 () 5 days= \$280/month

START DATE
 ____/____/____

Registration fee charged/paid _____

All Stars Before and After School (7:00am-8:00am & 1:00pm-6:00pm):
 () 2 days= \$157/month Please circle the days your child will attend:
 () 3 days= \$220/month M/T/W/TH/F
 () 4 days= \$286/month
 () 5 days= \$352/month

As the parent/guardian, I understand that I need to report any changes to the information listed on this form, to ensure that King's Christian Preschool is able to reach me for the placement of my child in the preschool. Failure to report information changes may result in removal from the wait list if I cannot be reached by what was provided on this form.

Signature _____ Printed Name _____ Date _____