Julia Willette, Preschool Director

Kcpreschool1137@gmail.com (530)345-3100

King's Christian Preschool

1137 Arbutus Ave. Chico, Ca 95926



Enrollment Application 2024-2025

Child's Name	Male	/ Female	Birthday///////	
Home Address			Phone	
	State			
Parent Information: [] M	arried [] Single [] Separated [] Divorce	d [] Widow	red	
Mother's Name		Work Phone		
	Cell			
Mother's Address (if diffe	erent from child's home address)			
Father's Name	Wo	rk Phone		
E-mail Address	Cell	Phone		
Father's Address (if differ	ent from child's home address)			
PRESCHOOL HALF DAY (7	FION (please select ONE option): :00-1:00): Please circle the days your child will a		RESCHOOL ADMIN USE ATE RECIEVED	
() 3 days = \$480/month () 4 days = \$528/month () 5 days = \$560/month	M/T/W/TH/F		//	
PRESCHOOL FULL DAY (7	00-6:00):	ST	ART DATE	
() 2 days= \$560/month () 3 days= \$600/month () 4 days= \$640/month	Please circle the days your child will at M/T/W/TH/F		//	
() 5 days= \$700/month		Re	egistration fee charged/paid	

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

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