Application for 2020-2021 Early Childhood Program PLEASE INCLUDE THE \$110.00 NON-REFUNDABLE REGISTRATION FEE. 5 DAY CLASS REGISTRATION FEE \$160.

Name	of Child: _					
		Last		First		Middle
Street:					P	Phone No:
City: _				State:		_ Zip Code:
Sex:	М	F	Date of Birth:			
Parent	s' Names:	:		/_		
Email a	address: _			@		
l give m	ny permissi	on for my	phone number and	address to be publish	ned in a c	lass directory:
ye	sno					
Child's	previous	preschoo	I experience (if an	у):		
How di	d you hea	r about th	is program?			
My chi	ld is eligib	le for the	(check one):			
	2 Year old class on Monday/Wednesday - 9:00 to 11:30 AM Two days/week \$180/month, One day/week \$100/month					
	3 Year old \$150 tuitio			ay - 9:00 to 11:30 AM		
	3 Year old \$180 tuitic			ay/Friday - 9:00 to 11	:30 AM	
	4 Year old \$195 tuitic			day/Friday - 9:00 to I	NOON	
	\$250 tuition	on per mor at children be	nth	ds with the class by Septer		day - 9:00 to 11:30 AM ₀
				s with more than on	e child ir) our program.
	-					
	:Date:					
		ns are revie	wed in the order rece		ce, Faith L	_utheran cannot guarantee availability.
				Church 12534 Holl 94-9351 Fax: 810-6		Grand Blanc, MI 48439 www.faithgb.org
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For Scl	hool Use C	Only:				
Approv	ed by:			Date:		
Registr	ation Fee D	Date receiv	/ed(Check#		