

RE-REGISTRATION NOTICE

HEIGHTS CHRISTIAN SCHOOLS

Chino Hills Christian Preschool

2092 Chino Hills Parkway, Chino Hills, CA 91709 • (909) 627-6678 • FAX (909) 627-0299

office@chinohillschristianpreschool.org • www.chinohillschristianpreschool.org

Facility #364803741

Dear Parents of _____:

The time has arrived to re-register for the 2011-2012 preschool year! We look forward to another great year ahead.

As you know our school operates a 12-month program. In the process of planning future classes we need your assistance to accurately assess our available space and be able to place your child in the group best suited to his or her needs.

It is essential that you complete the following form and return it with the annual **\$50.00** re-registration fee. If initially enrolled between April 1, 2011 and September 1, 2011, the initial registration fee will be applied to the new school year beginning in September.

Class space is limited! We don't want you to miss this opportunity to retain your child's place. To maintain continued enrollment please return this form and re-registration fee by **Friday, March 25, 2011**. Registration will be open to new families beginning on April 4, 2011. Just a reminder - continued attendance in summer guarantees your year-round space.

Please review the new Tuition and Fee Schedule attached. Tuition fee increases begin June 13, 2011.

Thank you,
Mrs. Talley and Mrs. Morillo, Preschool Directors

CHILD INFORMATION

Child's Name:	Child's DOB:
Parent (s) Name:	

ANTICIPATED ATTENDANCE (CHECK ALL THAT APPLY)

<input type="checkbox"/> Will be re-registering for preschool. <input type="checkbox"/> Will not be re-registering. Last day will be _____ <input type="checkbox"/> Entering Kindergarten in the fall at _____ <input type="checkbox"/> Will be attending SONRISE Christian Day Camp this summer.	Program Enrollment: <input type="checkbox"/> Preschool: 2-6 yrs (1:12 ratio) <input type="checkbox"/> Toddler Option: 18-24-30 mo (1:6 ratio)
Program Attendance: <input type="checkbox"/> Full-Day (6:00 am – 6:30 pm) <input type="checkbox"/> Half-Day (8:30 am – 12:00 pm)	Days Attending: <input type="checkbox"/> 5 <input type="checkbox"/> 3 <input type="checkbox"/> 2
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday 2-day program is Tuesday & Thursday. 3-day program is Monday, Wednesday, & Friday. If other arrangements are desired, they must first be approved by the director.	

X _____
Signature

Date

OFFICE USE ONLY	
Date Form Returned: _____	Fee Paid: <input type="checkbox"/> No <input type="checkbox"/> Yes: \$ _____
<input type="checkbox"/> Cash Receipt # _____	<input type="checkbox"/> Charge <input type="checkbox"/> Check # _____