

KINDERGARTEN Pre-REGISTRATION FORM

Child's Name _____ Birthdate _____

Parent's Name _____ Present Class _____

Work Phone _____ Home Phone _____

Mailing Address _____

City _____ Zip _____

Please check the appropriate category and fill in the blanks left for dates and amounts. Refer to the attached page for the appropriate amounts. Return to school as soon as possible. **Child is not registered until registration and testing fees are paid.** *Registration and testing fees are NON-REFUNDABLE.* Book and supply fees are up to 50% refundable.

_____ My child will be entering Kindergarten at Step By Step Christian School for the next school year. I **am paying** the registration fee of \$ _____ and the testing fee of \$ _____.

Kindergarten: _____ Full day (8:00-3:20) _____ ½ day (8:00 - 12:00)

_____ My child will be entering Kindergarten at Step By Step Christian School for the next school year. I **plan to pay** the registration fee of \$ _____ and the testing fee of \$ _____ by _____.

Kindergarten: _____ Full day (8:00-3:20) _____ ½ day (8:00 - 12:00)

_____ My plans are not definite. I expect to make a decision by the following date:
_____.

_____ My child will not be continuing at Step by Step Christian School for the next school year.

_____ My child will not be attending school at Step by Step Christian School for the next school year but will need to ride the van to and from public school. Must still sign up in the office to be a van rider.

