



**FRIENDSHIP
SCHOOL**
MEMORIAL CHURCH OF CHRIST

2018-2019 Registration Form

Child's Name: _____

Birthday: _____ Age on September 1, 2018: _____ Gender: Male or Female

Address: _____

City: _____ Zip: _____

Parent: _____ Phone: _____

Email Address: _____

Class Options: Please read and choose one of the following options according to your child's class.

1 and 2-Year-Old Classes	3-Year-Old Class	Pre-K Class
Classes meet Mondays/Thursdays or Tuesdays/Wednesdays. Please check the following option of your choice: <input type="checkbox"/> Monday/Thursday <input type="checkbox"/> Tuesday/Wednesday	Classes meet Mondays, Tuesdays, and Thursdays. <input type="checkbox"/> 3 year old class	Classes meet Mondays, Tuesdays, and Thursdays with optional Wednesdays. Please check the following option of your choice: <input type="checkbox"/> 3 Days per Week <input type="checkbox"/> 4 Days per Week

Additional Information

How did you hear about Friendship School?

Internet Church Friend/Family Indoor Playground Other (Please explain.)

Church Home/Affiliation (If any): _____

Office Use Only

Registration Fee

Date: _____ Amount: _____ Check Cash Bill Pay Online