God's Gifts Preschool Registration Form 2024-2025

1976 Rt. 25 Oswego, II 60543 • 630-551-4454 • godsgiftspreschool@opchurch.org

*Non-refundable registration fee is due at time of enrollment.

*\$75.00 for single child and \$135.00 for families with more than one child.

*Make checks payable to **God's Gifts Preschool** or pay by cash, exact amount only.

Child's Name:			
Date of birth:	Age:	Gender:	
Address:			
Primary Phone #:			
Any known allergies?			
Para	ent/Guardian Inforn	action	
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Parent #1/Leagal Guardian Name:			
Address:			
Phone #:			
Occupation/Employer:			
Workplace address:			
Parent #2/Leagal Guardian Name: _			
Address:			
Phone #:			
Occupation/Employer:			
Workplace address:			

Program Selection for 2024-25
Please mark 1st & 2nd to indicate your top 2 choices. Classes offerings are subject to change due to enrollment and staffing.

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2-DAY PROC	GRAM: This p	orogram is fo	r children who are 3 years old by September 1st. <u>Open</u>			
<u>enrollment l</u>	IS AVAILABLE	in this session	on for children who turn 3 after September 1st			
3-Year-Old:	M/W	9:15 -12:15	\$178.00/month			
			\$178.00/month			
3-DAY PROC	GRAM: This r	orogram is fo	r children who are 3 years old by September 1st. <u>Open</u>			
		•	ession for children who turn 3 after September 1st.			
3-Year-Old:	λ <i>λ</i> /\λ/ /Ε	9:15 -12:15	\$225.00/month			
			\$225.00/month			
PRE-K PROG	DAAA					
PRE-R PROG	KAN					
3-DAY PROC	GRAM: This p	rogram is for	children who are 4 years old by September 1st.			
Pre-K	M/W/F	9:15 -12:15	\$225.00/month			
Pre-K	T/TH/F	9:15 -12:15	\$225.00/month			
4 dav/5 dav	v combined:	This program	n is for children who are 4 years old by September 1st.			
			days and add the 5 th day later in the year if you choose.			
Pre-K	M-TH	9.15 -12.15	\$262.00/month			
Pre-K			\$320.00/month			
	Tuition	will be paid in	2 9 monthly navments beginning Aug. 2024			
Tuition will be paid in 9 monthly payments beginning Aug. 2024 Registration forms and payment can be dropped off or mailed to:						
God's Gifts Preschool 1976 Rt. 25						
			Oswego, IL 60543			
Office use	Date form red	ceived:				
Fee payme	ent: Check #/An	nount:	Cash/Amount:			