

Childhood Expressions Preschool
8101 Midcrown
San Antonio, Texas 78239

2010-2011 Registration

Name of Child: _____

Birthdate: _____ Gender: _____

Parents: _____

Address: _____

City: _____ Zip Code: _____

Phone: Home _____

Cell _____

Email: _____

Enrollment Preference: Infant Room: T W Th F

Toddlers – PK: T/Th W/F T-F T/W/TH (PK only)
(Please circle)

I was referred by: _____

I have read, understand and will abide by the Registration, Curriculum and Tuition Fee policies. I understand that fees, once paid, are non-refundable. I understand that a non-refundable Registration Fee must be paid in order to hold my space.

Signature: _____

Registration Fee: _____ Check number: _____ Cash: _____
Curriculum Fee: _____ Check number: _____ Cash: _____