



# St. Basil Preschool

920 West March Lane ❖ Stockton, CA 95207 ❖ (209) 478-5252

Email: Director@stbasilpreschool.org ❖ Website: <https://stbasilpreschoolstockton.org>

## Registration Form

**\*PLEASE INCLUDE A \$200 NON-REFUNDABLE REGISTRATION FEE, DUE EVERY YEAR DURING REGISTRATION PERIOD.\***

<b>Child's Name</b>				
(Last)		(First)		(Birthdate)
<b>Home Address</b>				
(Street)			(Apt./Unit #)	
(City)		(State)		(Zip Code)
<b>Parent/Guardian's Name</b>				
(Parent/Guardian #1)			(Parent/Guardian #2)	
<b>Phone Number</b>			<b>Phone Number</b>	
(Cell Phone)		(Work Phone)		(Cell Phone)
				(Work Phone)
<b>Email</b>			<b>Email</b>	
Additional information you would like us to know: _____				
Are you a parishioner of St. Basil Greek Orthodox Church? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Requested Enrollment</b>				
<b>Class (Please check one)</b> <input type="checkbox"/> 2's <input type="checkbox"/> 3's <input type="checkbox"/> Pre-Kindergarten <i>*Child MUST be the age of the class they wish to enroll by September 1st of that school year.*</i>			<b>Days of Attendance:</b> <input type="checkbox"/> MWF <input type="checkbox"/> TTH <input type="checkbox"/> MTWTHF	
<i>Should you desire to change your child's enrollment, there is a \$20 charge for any changes in days enrolled - <b>subject to openings</b>. Changes in enrollment are limited to 2 times per year.</i>				

I understand and agree that continued enrollment and re-enrollment of my child(ren) is dependent upon my support of the school, its staff, and its policies.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_