



# 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>	
<b>Additional information you would like us to know:</b> _____ _____			
<b>Are you a parishioner of St. Basil Greek Orthodox Church?</b>		<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 <b>*Child MUST be the age of the class they wish to enroll by September 1st of that school year.*</b>	<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 - subject to openings. 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: \_\_\_\_\_