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.

Child's Name		
(Last)	(First)	(Birthdate)
Home Address		
	(Street)	(Apt./Unit #)
(City)	(State)	(Zip Code)

Parent/Guardian's Name	
(Parent/Guardian #1)	(Parent/Guardian #2)
Phone Number ( )	**Phone Number** ( )
(Cell Phone) (Work Phone)	(Cell Phone) (Work Phone)
Email	**Email**

Additional information you would like us to know: _____

_____

Are you a parishioner of St. Basil Greek Orthodox Church? ☐ **Yes** ☐ **No**

Requested Enrollment

Class (Please check one)

☐ **Early Preschool** ☐ **Preschool**

Child MUST be potty trained for the preschool room.

Days of Attendance:

☐ MWF
☐ TTH
☐ MTWTHF

*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 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: _____