



**LIBERTY HEIGHTS CHURCH  
KID'S DAY OUT & WEEKDAY PRESCHOOL  
7904 Princeton Rd.  
Liberty Township, OH 45044  
513-759-8430**

**REGISTRATION FORM**  
September 14, 2009-May 27, 2010

Child's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: (circle one) Male/Female

Parents' Names: \_\_\_\_\_  
(Father) (Mother) (Last Name)

Street Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you attend church regularly? \_\_\_\_\_ If so, where? \_\_\_\_\_

A Registration Fee of \$75.00 must be included with the Registration Form before your child will be enrolled. The Fee is non-refundable unless space is unavailable for your child. The Registration Fee *does not apply toward tuition.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY:

Date/Time Received: \_\_\_\_\_ Age on September 30<sup>th</sup>: \_\_\_\_\_

Registration Fee: Check # \_\_\_\_\_ Check Amount \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_

Classroom Placement: \_\_\_\_\_



OFFICE USE ONLY:

Date/Time Received: \_\_\_\_\_ Age on September 30<sup>th</sup>: \_\_\_\_\_

Registration Fee: Check # \_\_\_\_\_ Check Amount \_\_\_\_\_ Cash \_\_\_\_\_ CC \_\_\_\_\_

Classroom Placement: \_\_\_\_\_