**Jack and Jill Preschool**

Holy Trinity United Methodist Church

16 Sylvan Street, Danvers, MA 01923

978-774-8144

Email: jandjpreschoolhtumc@gmail.com Website: [http://jackandjillhtumc.weebly.com](http://jackandjillhtumc.weebly.com/)

Registration Form

I wish to enroll my child for the upcoming school year.

. This registration form and a $100 deposit ($50.00 registration fee and $50.00 towards the yearly tuition) will ensure my child's placement. The entire amount is non-refundable.

Childs name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male\_\_\_\_ Female\_\_\_\_

Birth date: Phone #:

Address

Mother's Name: Phone:

Address:

(If different from above)

Email Address

Father's Name: Phone:

Address:

(If different from above)

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| Choice of Program:  2-day preschool T/TH\_\_\_\_\_ | 3-day preschool M/W/F |

5-day preschool M/T/W/TH/F

Office Use Only: Registration Fee Paid: Check #: