

NAMES & AGES OF SIBLINGS LIVING AT HOME OTHER PEOPLE IN THE HOME (OTHER THAN PARENTS)		
Name	Relationship	Age if Sibling
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IMPORTANT INFORMATION

Please note that your child must be toilet trained to attend our 3, 4 and 5 year old classes.

A NON-REFUNDABLE registration fee, listed below, must accompany this registration form in order to be processed. Checks should be written to: SHILOH UCC ELC. Please put your child's name in the memo section of your check. The higher amounts in our 4's/PreK classes includes your child's activity fee for field trips.

Please mail form & check to: **SHILOH UCC EARLY LEARNING CENTER
2251 WILLOW ROAD
YORK, PA 17408
ATTN: REGISTRAR**

Please note below your 1st, 2nd and 3rd choice of class for your child:

(1) next to 1st choice **(2)** next to 2nd choice **(3)** next to 3rd choice

2 YEAR OLD CLASS <i>(must be 2 by 9/30)</i> \$40 registration fee	
	Tues/Thurs 9 AM -10:30 AM
	Tues/Thurs 11 AM - 12:30 PM
OLDER 2's CLASS <i>(must be 3 by 12/31)</i> \$40 registration fee	
	Wed/Fri 9 AM – 11 AM
	Wed/Fri 11:30 – 1:30 PM
2 DAY --- 3's CLASS <i>(must be 3 by 9/30)</i> \$40 registration fee	
	Tues/Thurs 9 AM - 11:30 AM
	Tues/Thurs 12 PM - 2:00 PM
	Wed/Fri 9 - 11 AM
3 DAY --- 3's CLASS <i>(must be 3 by 9/30)</i> \$40 registration fee	
	Mon/Wed/Fri 12 PM – 2 PM

Younger 4's CLASS <i>(summer birthday or teacher recommendation)</i> \$55 registration fee	
	Tues/Wed/Thurs 9 AM -11:30 AM
3 DAY --- 4's CLASS <i>(must be 4 by 9/30)</i> \$55 registration fee	
	Tues/Wed/Thurs 12 PM - 2:30 PM
4 DAY --- 4's CLASS <i>(must be 4 by 9/30)</i> \$60 registration fee	
	Mon - Thurs 9 AM - 11:30 AM <i>*previously Tues-Fri class</i>
	Mon - Thurs 9 AM - 11:30 AM
	Mon – Thurs 12 PM – 2:30 PM
PRE-K CLASS <i>(must be 5 by 10/31)</i> \$60 registration fee	
	Monday - Friday 12 PM -3 PM
*ALL AGE REQUIREMENTS ARE SUBJECT TO APPROVAL BY DIRECTOR	

I UNDERSTAND THAT FAILURE TO MAKE MY FIRST PAYMENT BY AUGUST 22 COULD RESULT IN THE CANCELLATION OF MY CHILD'S ENROLLMENT. I ALSO AGREE TO GIVE 2 WEEKS NOTICE IF I NEED TO WITHDRAW MY CHILD AT ANYTIME DURING THE SCHOOL YEAR.

PRINT- Parent(s) Name

Signature - Parent(s) Name

Date

For Office Use Only:

Check # _____ Date Rec'd: _____

Class Assigned & Date: _____