

FORM MUST BE COMPLETE

TOP OF THE HILL PRESCHOOL OF OAKWOOD 155 E. Thruston Blvd.

Oakwood, Ohio 45419

Phone: 937-815-6557

Email: <u>preschool@oursaviordayton.org</u>
Website: topofhillpreschoollcos.org

2024-25 REGISTRATION		Date		
Child's Full Name	Preferred Nar	Preferred Name		
Address	City	State	Zip	
Phone	Birth Date			
e-mail address	Previous Pre	school Experience_		
Parent/Guardian Name #1	Оссир	Occupation		
Place of Employment	Business Ph	Business Phone		
Parent/Guardian Name #2	0	ccupation		
Place of Employment	Business Pho	one		
Parents are: Married Separated	Divorced Other	, 		
Siblings' Names & Ages				
☐ M-TH 9:00 to 11:45 \$255.00 pc ☐ M/W 9:00 to 11:45 \$175.00 pc ☐ T/TH 9:00 to 11:45 \$175.00 pc Preschoolers ages 3 to 5 ☐ M-TH 9:00 to 11:45 \$255.00 pc 10% discount for second child Your shild will be pleased in the age as	er month er month er month			
Your child will be placed in the age-ap				
EXTENDED P.M. SESSIONS M-TH 11:45 to 12:30 Lunch Bunch (child brin 11:45 to 3:00 Extended Day (child brin	ngs lunch) \$10.00 per day	,		
A non-refundable registration fee of \$ (Check payable to Lutheran Church o	2 4	this form (\$45.00	for 2 nd child)	
	Referred by_			
Parent/Guardian Signature	·			