



316 West 156th Street
Westfield, Indiana 46074

Registration Form

Child's Name _____ DOB _____ Age _____

Parent/Guardian

Address _____ City _____ Zip _____

Parent/Guardian Phone #s _____

Parent/Guardian emails _____

I am registering my child for the following class (select one)

M/W/F 4yr Old Class _____ (Tuition = 9 equal payments of \$190 + One time supply fee of \$100)

T/TH 3yr Old Class _____ (Tuition = 9 equal payments of \$150 + One time supply fee of \$50)

By signing this registration form, I am confirming that I want my child to attend the New Joy Preschool class I selected above. In addition, I understand I will be expected to pay tuition and supply fee as indicated for the class. I also understand that my \$60 registration fee is not refundable in the event I decide to not send my child to New Joy Preschool.

Parent/Guardian Signature

Date