

Sanlando Christian School Registration Card

2017-18 School Year

Child's Name _____

Address _____

City & Zip _____

Home Phone No. _____

Parent/Guardian Name(s) & Cell Number(s) _____

E-mail address: _____

Known Allergies or Medical Conditions: _____

Severe Yes No

Active SUMC Church Member Yes No

*If you do not want your child's name, address, phone number
or your e-mail address included on the class roster,
please contact the SCS Office.*

New Address

**I understand that 10% of the annual tuition is due no later than 30 days
from the date of registration. I also understand that all registration, ma-
terials, and 10% annual tuition deposit fees are non-refundable.**

_____ (initial)

Enrollment Date _____

Date of Birth _____

Gender: Male Female

Office use only

- | | |
|--|--|
| <input type="checkbox"/> PK 1 - Half Day | <input type="checkbox"/> Monday |
| <input type="checkbox"/> PK 1 - Full Day | <input type="checkbox"/> Tuesday |
| <input type="checkbox"/> PK 2 | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> PK 3 | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> VPK Adv | <input type="checkbox"/> Friday |
| <input type="checkbox"/> VPK Only | <input type="checkbox"/> Early Bird |
| <input type="checkbox"/> Non-VPK | <input type="checkbox"/> Butterfly Bunch |
| <input type="checkbox"/> K | <i>(see Extended Care form)</i> |

RF _____

MF _____

LMT _____

Misc: _____

Total _____

CC _____

Email _____

Cash Check: # _____ Date _____

Class: _____