

Julia Willette, Preschool Director

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King's Christian Preschool

1137 Arbutus Ave.

Chico, Ca 95926



2's Enrollment Application 2025-2026

Child's Name _____ Male / Female _____ Birthday _____/_____/_____

Home Address _____ Phone _____

City _____ State _____ Zip Code _____

Parent Information: ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed

Mother's Name _____ Work Phone _____

E-mail Address _____ Cell Phone _____

Mother's Address (if different from child's home address) _____

Father's Name _____ Work Phone _____

E-mail Address _____ Cell Phone _____

Father's Address (if different from child's home address) _____

DESIRED SCHEDULE/TUITION (please select ONE option):

TODDLER HALF DAY (7:00-1:00):

() 2 days = \$575/month Please circle the days your child will attend:

() 3 days = \$621/month M/T/W/TH/F

() 4 days = \$691/month

() 5 days = \$748/month

PRESCHOOL ADMIN USE

DATE RECIEVED

_____/_____/_____

TODDLER FULL DAY (7:00-6:00):

() 2 days= \$719/month Please circle the days your child will attend:

() 3 days= \$788/month M/T/W/TH/F

() 4 days= \$857/month

() 5 days= \$938/month

START DATE

_____/_____/_____

Registration fee charged/paid _____

As the parent/guardian, I understand that I need to report any changes to the information listed on this form, to ensure that King's Christian Preschool is able to reach me for the placement of my child in the preschool. Failure to report information changes may result in removal from the wait list if I cannot be reached by what was provided on this form.

Signature _____ Printed Name _____ Date _____