

KRP (5s)



2022-2023 School Year

Child's Name _____ Birth date _____

Parents' Names _____

Address _____

City, State and Zip _____

Phone Number _____ Gender M F

Email Address: _____

Allergies (Food): _____ Race _____

Previous School: _____

Reason for KRP: _____

Has your child used their VPK Certificate? Y N

Church Affiliation:

_____ UCUMC member _____ Attend UCUMC

_____ Attend another church _____ Do not attend

University Carillon Early Learning Center admits students of any race, color, and national or ethnic origin.

_____ Sibling in Program Yes No

(Office Use Only)

Class _____ RF CC
5 days 100.00 300.00

Beginning Date _____

Date Registered _____

Online / Cash / Check # _____

Amount Paid _____

Referred By: _____