

VPK^(4s)- 24-25 School Year

New Student ____ Returning ____



Child's Name _____ Birth date _____

Parents' Names _____

Address _____

City, State and Zip _____

Phone Number _____ Race _____

Email Address: _____ Gender: M F

Allergies: _____

Church Affiliation:

____ University Carillon member

____ Attend University Carillon

____ Attend another church, _____

____ Do not attend church. Contact Me? Y N

UCELC admits students of any race, color, and national or ethnic origin.

Circle choice: VPK T/Th/F

Wrap Around M/W

Non-VPK (self-pay) T/Th/F M-F

Class meeting days will be verified when classes are established in July. Class days will be assigned as needed to provide a balanced classroom experience for students.

Sibling in Program? Yes No

(Office Use Only)

Class _____	VPK only – No Fees
Beginning Date _____	Reg. Fee \$50 \$100
Date Registered _____	Co-Curr. Fee
	3-day \$225
	5-day \$425
Amount Paid _____	Date Paid _____
CC/Online/Cash/Check # _____	