Gloria Dei Early Learning Preschool

121 S. White Road San Jose, CA 95127 Ph: (408) 272-0321 • Fax: (408) 729-7578

http://www.gloriadeipreschool.com

Please Note: Due at sign up \$150.00 registration fee & 1st month tuition





Today's Date:	School Start Date(Month/Year			
Student's Full Name:	Stude	ent's Birthday: □ Male □ Female		
	School Session runs Augus	st 2023 - May 2024		
<u>Half Da</u>	ay Program (8:00-11:45am)	Full Day Program (8:00am-5:00pm)		
□ 2 day	s (T/TH) — \$600	□ 3 Days (M/W/F) — \$825		
□ 3 Day	rs (M/W/F) — \$675	□ 5-Days M-F — \$925		
□ 5-Day	rs M-F — \$785			
Home Ph:	Mother's Cell Ph:	Father's Cell Ph:		
Mother's Full Name	Employer:	Work Phone:		
(or Legal Guardian) Occupation	: Email: _			
Father's Full Name	Employer:	Work Phone:		
(or Legal Guardian) Occupation	: Email: _			
Student lives with: Both Par	ents □ Mother Only □ Father Only □ Mot	her/Stepfather Father/Stepmother Guardian		
Home Address:	Ci	ity:Zip:		
Person to be called in case of e	mergency (if parent cannot be reached):			
· Name:	Phone:	Relationship:		
· Name:	Phone:	Relationship:		

Please list other chi	ldren in family:				
Name:	Age	e: Name:	A	ge:	
Name:	Age	e: Name:	A	Age:	
First month's tuition subject to a \$50.00 their child for any re or the parent/guardi	is due at the time of reg fee. Thirty day (30) writt eason. Gloria Dei ELC re ian. I understand that a	istration. Monthly tuition is due by en notice is required for a full refu	·	ments are . Parents may withdraw	
All students must p	rovide proof of current in	nmunizations and all forms includ	ling Licensing forms PRIOR to the	start of school	
currently being treat	r child's medical history ted by a physician, pleas	e indicate the nature of that treat	allergies, bee sting allergy, epilepement – including any medication. Ind/or dental care for my child that affect my child.		
The above informa	ation is true and of my knowledge.				
correct to the best	or my knowledge.	Start Date_		New or Returning Student	
Signature				s \$150	
		Exit Date	ate Check Number		
Relationship	Date	Comments	\$300 of 1st mos	·	
			Total Fees Colle	ected	
Signature			□ Facility Roste	r □ B-day Board	
Polotionahin	Dota		□ Trace Form	□ Medical	
Relationship	Date				