

Sherwood Oaks Christian Church

Weekday Preschool Registration Card

Child's Name _____
Child's Age _____ Child's Birth Date _____
Parents' Names _____
Address _____
_____ Zip Code _____
Home Phone Number _____
Work Phone Number _____
Email Address _____
Today's Date _____
Child is: ____ Boy ____ Girl T-shirt size: XS S M L

A packet containing our **Parent Policy Statement, School Year Calendar** and **Fee schedule** can be obtained from director.

A Non-Refundable Registration Fee of \$100.00 must accompany this card. See brochure for fee details.

Check the class your child will attend:

Preschool Session Preference

- 2 days (Tues/Thurs) 2 days (Mon/Wed)
 3 days (Mon/Wed/Fri) 4 days (Mon–Thurs)
 5 days (Mon–Fri)

**Please read the brochure online before mailing
this form and your check.**

Mail to:

SOCC Weekday Preschool
Att: Marie Robertson
2700 E. Rogers Rd.
Bloomington, IN 47401

Please email Marie at mrobertson@socc.org if you
have any questions.