

# 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)

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

Mail to:

SOCC Weekday Preschool  
Att: Amelia Strasler  
2700 E. Rogers Rd.  
Bloomington, IN 47401

Please email Amelia at [astrasler@socc.org](mailto:astrasler@socc.org) if you  
have any questions.