



The Church In The Highlands ECC  
Application and Registration Form  
2012-2013

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Parents' names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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	<u>Class</u>	<u># of days</u>	<u>A.M or P.M.</u>
1 <sup>st</sup> choice:	_____	_____	_____
2 <sup>nd</sup> choice	_____	_____	_____

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I am signing and returning this application with a **NON-REFUNDABLE** deposit of \$500.00 payable to **The Church in the Highlands ECC.**

I have been informed that the first 2 payments are also **NON-REFUNDABLE.**

I am also aware that a **30-day notice** is required to withdraw my child from the program.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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For Office Use Only:

- Discounts
  Service Fees
  Other