



THE CHURCH IN THE HIGHLANDS ECC
APPLICATION & REGISTRATION
2009-2010

Please sign and return this application with a NON REFUNDABLE check for \$500.00, payable to the Church in the Highlands ECC.

Child's name:

Date of Birth:

Parent's names:

Phone #:

Home address:

Email:

Please fill in the following:

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

Attached is my tuition deposit and registration fee.

I have been informed that payment #1 and payment #2 are also NON REFUNDABLE. I am also aware that a 30 day notice is required to withdraw my child from the program.

I am enrolling in payment plan A or B. Please refer to the enclosed tuition chart.

Circle one:

Plan A

Plan B

Parent's signature:

Date: _____