



Morning Star Preschool & Child Care Center

331 S. 85th Ave. Omaha, NE 68114

(402) 393-8215

2009-2010 Registration

Date of Birth: _____ Sex: _____

Enrollment Date: _____

Student Information:

Full Name: _____
Last First Middle Nickname

My Child will be attending Kindergarten in the year _____

Days & Times your child will attend: (please pick one only)

- Monday through Friday _____ am/pm to _____ am/pm
or
- Monday, Wednesday & Friday _____ am/pm to _____ am/pm
or
- Tuesday and Thursday _____ am/pm to _____ am/pm

Registration Fee \$50.00 per child (non-refundable)

Family/Legal Guardian Information:

Mother's Name _____ Father's Name _____

Address: _____ Zip Code _____

Home Phone Number: _____ Cell Phone Number: _____

Mother's e-mail _____ Father's e-mail _____

Parent Signature _____

I understand that my child's registration will be accepted upon classroom availability

For office use:

- _____ Registration fee received (_____) check number
- _____ Proof of immunizations received & NHHS Form
- _____ Parent handbook verification received
- _____ Emergency Card
- _____ Terms of and Letter of Agreement

Special Notes:
