

SHEPHERD OF THE HILLS PRESCHOOL

580 Trinity Drive

Vacaville, Calif. 95687

(707) 447-6278

Registration Form 2026-2027 School Year

Child's Name _____

Child's Date of Birth: Month _____ Day: _____ Year: _____

Parent's Name: _____ Phone # _____

Parent's Name: _____ Phone # _____

Email: _____ Email: _____

Address: _____

Please state your preference for the following sessions. See attached fee schedule for prices.

4/5 Year Old Sessions ~ Pre-Kindergarten

_____ Mon/Wed/Fri 8:30-11:30 am

_____ 5 Day(M-F) 8:30-11:30 am

3/4 Year Old Sessions

_____ Mon/Wed/Fri 8:30-11:30 am

_____ Tues/Thurs 8:30-11:30 am

_____ 5 Day(M-F) 8:30-11:30 am

Cherubs \$20.00 a day-see cost chart below/Drop in rate \$30.00 per day

| Number of Days Attending | Equals Days Per Month | Total Additional Cost Per Month to Tuition |
|--------------------------|-----------------------|--|
| 1 | 4 | \$80.00 |
| 2 | 8 | \$160.00 |
| 3 | 12 | \$240.00 |
| 4 | 16 | \$320.00 |
| 5 | 20 | \$340.00 |

Mon/Wed/Fri Cherubs

Mon _____ Wed _____ Fri _____

Tues/Thurs Cherubs

Tues _____ Thurs _____

5 Days Cherubs

M-F _____

Registration Fee: A \$150.00 non-refundable registration is required when returning this form.

Parent's Signature

Date

_____ I am interested in summer school

For Office Use Only

Date Received: _____

Check# or Cash Receipt#: _____