



(Please do not fax or scan/email this form.)

MAIL IN / DROP OFF PRESCHOOL REGISTRATION FORM
2016-17 Season at the Golden Community Center
1470 10th Street, Golden, CO, 80401

Child's Name _____ Birth Date _____

Parent's Name _____ Date _____

Street Address _____ City _____ Zip _____

Home Phone _____ Email _____

For your convenience, tuition is broken down into 9 equal monthly installments. A one month deposit (applied to the Sept. 2016 fee), the registration fee of \$50 and the \$75 material fee are due at registration time (non-refundable). All fees are forfeited if the child is removed from the program. Preschool starts the day after Labor Day and ends the second Friday in May each school year.

Form/fee is due by Monday, Feb. 8th, 2016 at 9 am.

Half-Day Preschool: Age: 3-5 years old. Must be 3 years old by Oct. 1, 2016.

If you have a second choice, please indicate.

M – F 8:30-12:30 _____ \$405 Resident \$415 Non-Resident

M, W, F 8:30-12:30 _____ \$245 Resident \$255 Non-Resident

TU / TH 8:30-12:30 _____ \$170 Resident \$180 Non-Resident

Full-Day Preschool: Age: 4-5 years old. Must be 4 years old by Oct. 1, 2016.

If you have a second choice, please indicate.

M – F 8:30-3:30 _____ \$710 Resident \$720 Non-Resident

M, W, F 8:30-3:30 _____ \$440 Resident \$450 Non-Resident

TU / TH 8:30-3:30 _____ \$300 Resident \$310 Non-Resident

1st Month Deposit \$ _____ + \$50 + \$75 = Total Due: \$ _____

☐ **For your convenience, check here for monthly auto pay and payments will be automatically charged to your credit card on the 15th of each month.**

Questions? Call Tracy at 303-384-8124 or email thagelund@cityofgolden.net

Check# _____ (to City of Golden) Cash Received \$ _____

Print Card Holder's Name _____

Card Holder's Signature _____

(If you prefer not to write in your credit card number, please call the number above, but please do not leave your credit card number on voice mail. Please do not fax or scan/email this form with cc number on the form.)

Credit Card Type: MC Visa Discover Amex Expiration Date: _____

Credit Card# _____