

2024/2025

Please return this registration form to  
St. Paul Early Learning Center,  
6997 Hamilton Avenue, Cincinnati, Ohio 45231.  
Enclose the \$50 non-refundable registration fee.  
Make checks payable to Journey Community Church

Please check the appropriate box:

<input type="checkbox"/>	2 ½ year old class Thurs & Fri 8:45am-11:15	
<input type="checkbox"/>	3 year old class Mon, Tues & Wed 8:45am-11:15am	
<input type="checkbox"/>	4 year old class 4 day option 2 ½ hours Mon, Tues, Wed & Thurs 9am-11:30am	
<input type="checkbox"/>	4 year old class 5 day option 2 ½ hours Mon-Fri 9am-11:30am	
<input type="checkbox"/>	4 year old class 4 day option 4 hours Mon, Tues, Wed & Thurs 9am-1pm	
<input type="checkbox"/>	4 year old class 5 day option 4 hours Mon-Fri 9am-1pm	
<input type="checkbox"/>	Pre-k class 4 day option 2 ½ hours Mon, Tues, Wed & Thurs 8:45am- 11:15am	
<input type="checkbox"/>	Pre-k class 5 day option 2 ½ hours Mon-Fri 8:45am-11:15am	
<input type="checkbox"/>	Pre- k class 4 day option 4 hours Mon, Tue, Wed & Thurs 8:45am- 12:45pm	
<input type="checkbox"/>	Pre-k class 5 day option 4 hours Mon-Fri 8:45am-12:45pm	

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Child's Date of Birth, including year \_\_\_/\_\_\_/20\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mother's /Guardian's Name \_\_\_\_\_ Contact # \_\_\_\_\_

Email Address \_\_\_\_\_

Father's/ Guardian's Name \_\_\_\_\_ Contact # \_\_\_\_\_

Email Address \_\_\_\_\_

Child lives with: Both Parents    Mother    Father    Grandparents    Other    (circle one)

Allergies/Special Need of your child (if any) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/20\_\_\_

Office Use Only:

Date Form Received \_\_\_/\_\_\_/2024

Date Fee Received \_\_\_/\_\_\_/2024    Form of Payment: Cash    Check    Check# \_\_\_\_\_

Class Assignment: \_\_\_\_\_

Director's Initials: \_\_\_\_\_