

2025/2026

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

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 \_\_\_/\_\_\_/2025

Date Fee Received \_\_\_/\_\_\_/2025   Form of Payment: Cash   Check   Check# \_\_\_\_\_

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

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