



BIG FISH PRESCHOOL

2026-2027 REGISTRATION FORM

To ensure your student's place, please return with a
\$55 non-refundable registration fee.

Make checks Payable to Big Fish

801 Allegheny Street, Hollidaysburg, PA 16648

(814) 317-5496

Bigfish@hollidaysburgumc.org

CHILD'S FULL NAME: _____ MALE FEMALE

PREFERRED NAME: _____ AGE: _____ DATE OF BIRTH: ____/____/____

PARENT/GUARDIAN NAME

PARENT/GUARDIAN NAME

_____ ADDRESS _____

_____ EMAIL* _____

_____ PHONE * _____

* Please place an X by the preferred primary number & email.

Age	Class Options	Tuition/mo.	Class Time	Days
(X Mark your choice)				
2	__2 days/week	\$192/mo.	10am-2pm	M/W, T/TH
3	__3 days/week	\$288/mo.	10am-2pm	TWTH
3	__4 days/week	\$384/mo.	10am-2pm	MTWTH
4 & 5	__3 days/week	\$288/mo.	10am-2pm	TWTH
4 & 5	__4 days/week	\$384/mo.	10am-2pm	MTWTH

**All ages by September 1, 2026

**3 & 4 yr.-olds should be potty trained.

I agree to pay the above tuition monthly (Sept 2026-May 2027) by the 10th of each month. If payment is NOT received by the 10th of the month there will be a \$20 late fee. If payment is NOT received by the 15th of the month, your child will not be able to attend school until payment arrangements are made. I also agree to inform Big Fish by written notification 30 days prior to withdrawing my child. If not, I understand that I will be billed for one month's tuition.

Signature of Parent/Guardian _____ Date _____

For Office Use Only Date \$55 Registration Received _____ Check # _____