

LOWER PROVIDENCE PRESBYTERIAN CHURCH PRESCHOOL REGISTRATION
(Please print)

Student's Name:
Mailing Address:
Telephone Number: ( ) Student's Birthday
Email address:
Name of Parent or Legal Guardian:
Father's Name: Occupation: Work # ( )
Mother's Name: Occupation: Work # ( )
In case of emergency, contact: Relationship to child:
Phone number: ( )

See additional required information on page 2

- Three year old class (Bluebirds) Mon., Wed., Fri. - 9 to 11:30 a.m.
Four year old class (Butterflies) Mon., Wed., Fri. - 9 to 11:30 a.m.
Three year old class (Cardinals) Tues., Thurs. - 9 to 11:30 a.m.
Four year old class (Kittens) Tues., Wed., Thurs. - 9 to 11:30 a.m.
Three year old class (Robins) Tues., Thurs. - 12:15 to 2:45 p.m.
Four year old class (Teddy Bears) Tues., Wed., Thurs. - 12:15 to 2:45 p.m.
Pre-kindergarten class (Eagles) Mon., Tues., Thurs., Fri. - 9 to 11:30 a.m.

Please indicate desired program:

Submit the \$35.00 non-refundable registration fee along with this form. Please make your check payable to:

LOWER PROVIDENCE PRESBYTERIAN PRESCHOOL

Indicate your child's name on the check and return it along with this form to:

Mrs. Lois Mason, Director
Lower Providence Presbyterian Preschool
3050 West Ridge Pike
Eagleview, PA 19403-1581

I agree to pay the stated tuition fee (\$100.00 a month for 2-day, \$125.00 a month for 3-day programs or \$180.00 a month for the 4-day Pre-K), payable by the 20th of each month. The September tuition is due no later than June 1st. For subsequent months, a \$5.00 late fee penalty is assessed if payment is not received by the first of the billable month. I agree to give one month's notice if my child is to be withdrawn from school.

Signed: Date:

I am a LPPC member (Yes/No): My child currently attends LPPPreschool (Yes/No)

For Preschool Use Only: Parent/guardian must return registration form by: Page 1 of 2

**LOWER PROVIDENCE PRESCHOOL REGISTRATION  
(Please Print)**

**Notice:** The Lower Providence Presbyterian Preschool admits students of any race, color, national and ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the preschool.

**Additional Information:**

Church/Religious Affiliation: .....

Siblings: .....

Student physical disabilities, allergies, medical conditions, etc.....

.....  
.....  
.....  
.....

Information that would help us to better understand your child and help meet his/her needs:

.....  
.....  
.....  
.....