

LOWER PROVIDENCE PRESBYTERIAN PRESCHOOL REGISTRATION
(Please print)

Student's Name:

Mailing Address:

City and Zipcode.....

Cell Phone Number: (.....) Student's Birthday

Email address Gender of student M F (Please Circle)

Child Lives with: Both Parents Mother Father Stepmother Stepfather Grandparent Guardian

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 the back page

Please indicate desired program for 2023-2024:

___ Three year olds class (Bluebirds) **\$420.00**
Mon., Wed., Fri. - 9 to 2:00 p.m.

___ Four year olds class/PreK (Butterflies) **\$420.00**
Mon., Wed., Fri. - 9 to 2:00 p.m.

___ Three year olds class (Cardinals) **\$175.00**
Tues., Thurs. - 9 to 11:30 a.m.

___ Four year olds class/PreK (Kittens) **\$310.00**
Tues., Wed., - 9 to 11:30 a.m.
Thurs., 9 to 2pm includes enrichment program

___ Five year olds/Transitional Kindergarten (Eagles) **\$415.00**
Mon., Tues., Thurs., Fri. - 9 to 12:30 a.m

Submit the **\$75.00 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:

Sandra Messner, Director
Lower Providence Presbyterian Preschool
3050 West Ridge Pike
Eagleville, PA 19403-1581 (610) 539-6635 X 113

I agree to pay the stated tuition fee for the specified class program, payable BEFORE the 1st of each month. **The September tuition is due no later than June 1st.** For subsequent months, a **\$10.00 late fee penalty** is assessed if payment is not received by the first of that billable month. I agree to give one month's notice if my child is to be withdrawn from school.

Signed: **Date:**

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Name of any Preschool previously attended:

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 our Preschool.

Additional Information

Siblings / Ages

Student physical disabilities, allergies, medical conditions, etc.
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Information or concerns that would help us to better understand your child and help meet his/her needs:
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.....
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Please circle if any apply to your child:

- | | | |
|----------------------|----------------|------------------|
| Early Intervention | Current IEP | |
| Occupational Therapy | Speech Therapy | Physical Therapy |

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Primary Language Spoken at Home.....

Language(s) your child speaks and/or understands:
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