## LOWER PROVIDENCE PRESBYTERIAN PRESCHOOL REGISTRATION (Please print clearly)

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:
Mother's Name:	Occupation:
In case of emergency, contact:	Relationship to child:
Phone number: ()	
See additional <u>required</u> information on the back	c page
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Please indicate desired program for 2024-2025:	
Three year old <b>BLUEBIRDS</b> class	Four year old <b>KITTENS</b> class
Mon. Wed. Fri. 9 to 2:00 pm <b>\$485</b>	Tues. Thurs. 9 to 11:30 (Wed 9 to 2pm) \$350 Wed - Enrichment program included until 2pm
Three year old <b>CARDINALS</b> class	Tues. Wed. Thurs. 9 to 2pm \$485 Includes 2 days of Lunch Bunch & 1 Enrichment Class on Wed
Tues. Thurs. 9 to 11:30 am \$200	
Tues. Thurs. 9 to 2pm \$325 Includes 2 days of Lunch Bunch 11:30 to 2pm	Five year old EAGLES class Transitional Kindergarten
****** Lunch Bunch Program offered Tues / Thurs 11:30 to 2pm \$25 per day	Mon. Tues. Thurs. Fri 9 to 12:30pm <b>\$485</b>
Submit the \$100.00 non-refundable registration fee alo	ng with this form. Please make your check payable to:
	E PRESBYTERIAN PRESCHOOL
Indicate your child's name on the check and return it alor Sandra Messner , Dire Lower Providence Pre 3050 West Ridge Pike	ng with this form to: ector esbyterian Preschool
The September tuition is due no later than June	ed class program, payable BEFORE the 1st of each month. <b>e</b> 1 <sup>st</sup> . For subsequent months, a <b>\$15.00 late fee penalty</b> is that billable month. I agree to give one month's notice if my
Signed:	Date:

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Name of any Preschool previously attended:
<b>Notice:</b> The Lower Providence Presbyterian Preschool admits students of any race, color, national and ethniorigin to all rights, privileges, programs, and activities generally accorded or made available to students at the preschool.
Additional Information
Siblings / Ages
Student physical disabilities, allergies, medical conditions, etc.
nformation or concerns that would help us to better understand your child and help meet his/her needs:
Please circle if any apply to your child:
Early Intervention Current IEP
Occupational Therapy Speech Therapy Physical Therapy
Primary Language Spoken at Home
_anguage (s) your child speaksand/or understands