

LOWER PROVIDENCE PRESBYTERIAN PRESCHOOL REGISTRATION
(Please print)

Student's Name:

Mailing Address: City and Zip

Telephone Number: (.....) Student's Birthday.....

Email address Gender: 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 page 2

Please indicate desired program:

- ___ Three year olds class (Bluebirds)
- ___ Mon., Wed., Fri. 9 to 11:30 a.m. **\$195.00**
- ___ Mon., Wed., Fri. 9 to 2:00 p.m. **\$360.00**

- ___ Four year olds class/PreK (Butterflies)
- ___ Mon., Wed., Fri. 9 to 11:30 a.m. **\$195.00**
- ___ Mon., Wed., Fri. 9 to 2:00 p.m. **\$360.00**
- ___ Mon., Wed., Fri., 9-11:30 w/ 1 day Enrichment **\$265**

- ___ Three year olds class (Cardinals)
- ___ Tues., Thurs. 9 to 11:30 a.m. **\$130.00**
- ___ Tues., Thurs. 9 to 2:00 p.m. **\$240.00**

- ___ Four year olds class/PreK (Kittens)
- ___ Tues., Wed., Thurs. 9 to 11:30 a.m. **\$195.00**
- ___ Tues., Wed., Thurs. 9 to 2:00 p.m. **\$360.00**
- ___ Tues., Wed., Thurs., 9 to 11:30 w/ 1 day Enrichment **\$265**

- ___ Five year olds class/Transitional Kindergarten (Eagles)
- ___ Mon., Tues., Thurs., Fri. 9 to 11:30 a.m. **\$290.00**
- ___ Mon., Tues., Thurs., Fri. 9 to 2:00 p.m. **\$475.00**
- ___ Mon., Tues., Thurs., Fri., 9 – 11:30 w 1 day Enrichment **\$360.00**
- TEACHER RECOMMENDATION

Submit the **\$50.00 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
Eagleville, PA 19403-1581

I agree to pay the monthly stated tuition for the specified class program, payable prior to the 1st of each month. **Exception:** the September tuition is due no later than June 1st. For subsequent months, a **\$10.00 late fee penalty** is assessed if payment is received after the 1st of the billable month. I agree to give one month's notice if my child is to be withdrawn from school.

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(Please print)

Signed: Date:

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

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 the preschool.

Additional Information:

Church/Religious Affiliation:

Siblings:

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

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Information 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
Speech Therapy,
Occupational Therapy,
Physical Therapy
Current IEP

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.....
.....

Primary Language Spoken at Home.....

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