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Office Use Only
Date : _____
Fee: Check Cash Online
Amount: _____
Check # _____

REGISTRATION FORM 2019-2020

Today's Date _____

Student's First, Middle, & Last Name _____

Child's name/nickname you want on class list _____ Male _____ Female _____

Address _____ City _____ St. _____ Zip _____

Email address _____

Age by Aug. 1, 2019 _____ Date of Birth _____ (*We must have a birth certificate on record*)

(1st) Phone # _____ (2nd) Phone # _____

New Student Returning Student *If returning what was Teacher's Name* _____

Elementary School District _____

Parents/guardians and other adults living in the household:

1.) Name _____ Relationship to Student _____

Occupation/Employer _____ Work Phone _____

2.) Name _____ Relationship to Student _____

Occupation /Employer _____ Work Phone _____

Student's Siblings (Names and ages) _____

I agree to have my name, address, email, & phone number included on my child's class roster which will be supplied to the class. Yes No Parent's Signature _____ Date _____

Church Affiliation _____

Parents not living in household:

1.) Name _____ Relationship to Student _____

2.) Name _____ Relationship to Student _____

Please list legal custody arrangements & any other pertinent information (**You must supply us with a copy of any restraining, custody, visitation orders, or Adoption decree. We will keep this on file**)

_____ OVER

If both parents are out of the home during the day, please state caregiver of your child when not in school.

Name _____

Address _____ Phone _____

What are your child's interests? _____

Do you know of any of your child's fears? _____

Language spoken in home: _____

Please note any special food habits, allergies, problems, etc. _____

Does your child have any speech, hearing, or other problems of which we should be aware (are they receiving therapy for any of those reasons)? _____

Does your child have special names for objects (bathroom, drink, etc.)? _____

What method of behavior control is used at home? _____

Has your child had any previous group experience outside the home; if so, where and was this an enjoyable experience? _____

How would you describe your child's personality? _____

Form(s) must be accompanied by a \$50.00 registration fee for returning students or \$60.00 for new students. Add \$10.00 for each additional child in the family. (Non-refundable)

I would like for my child to attend (*Please write 1 for your 1st choice & 2 for 2nd -in case your first choice is full!*):

A.M. Classes

P.M. Classes

2's (2 by August 1, 2019)

_____ 2 day 9:15-11:15 Th-Fr (\$85/month)

3's (3 by August 1, 2019)

_____ 2 day 9:00-11:30 Th-Fr (\$80/month)

_____ 3 day 9:00-11:30 M-W (\$100/month)

3's (3 by August 1, 2019)

_____ 2 day 1:00 --3:30 p.m. M-T (\$80/month)

_____ 3 day 1:00 -- 3:30 p.m. M-W (\$100/month)

4's & 5's Readiness (4 by August 1, 2019)

_____ 3 day 9:00-11:30 M-W (\$100/month)

_____ 4 day 9:00-11:30 M-Th (\$120/month)

_____ 5 day extended 9:00-12:00 M-F (\$160/month)

4's & 5's Readiness (4 by August 1, 2019)

_____ 3 day 1:00-3:30 p.m. M-W (\$100/month)

_____ 4 day 1:00-3:30 p.m. M-Th (\$120/month)

**Classes are filled on a first come first serve basis. If a class does not have at least ten (10) students enrolled, it will not be available and you will be notified.

**Presby Preschool admits student of any race, color, and national or ethnic origin.