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

REGISTRATION FORM 2020-2021

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 (Mom) _____ Dad _____

Age by Aug. 1, 2020 _____ 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 _____

Local 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 Please)

Emergency Contacts (please list three with a parent listed first:

1. Name: _____ Relationship: _____ Phone: _____
2. Name: _____ Relationship: _____ Phone: _____
3. Name: _____ Relationship: _____ Phone: _____

Your Child:

What are your child's interests? _____

Language(s) spoken at home: _____

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

Does your child have any speech, hearing, or other physical issues of which we should be aware?

No: _____ Yes: (please explain) _____

What method of behavior control is used at home? _____

Has your child had any previous group experience outside of the home? If so, where? Was this an enjoyable experience? _____

Please describe your child's personality: _____

Form(s) must be accompanied by a \$55.00 registration fee for returning students or \$65.00 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*):

MORNING CLASSES:

3's (3 by August 1, 2019)

_____ 2 day 9:00-11:30 Th-Fr (\$90/month)

_____ 3 day 9:00-11:30 M-W (\$110/month)

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

_____ 3 day 9:00-11:30 M-W (\$110/month)

_____ 4 day 9:00-11:30 M-Th (\$130/month)

_____ 5 day extended 9:00-12:00 M-F (\$170/month)

AFTERNOON CLASSES:

3's (3 by August 1, 2019)

_____ 2 day 1:00 --3:30 p.m. M-T (\$90/month)

_____ 3 day 1:00 -- 3:30 p.m. M-W (\$110/month)

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

_____ 3 day 1:00-3:30 p.m. M-W (\$110/month)

_____ 4 day 1:00-3:30 p.m. M-Th (\$130/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 students of any race, color, and national or ethnic origin.