

# REGISTRATION FORM 2024-2025

Today's Date \_\_\_\_\_

New Family  Returning Family

Please include a copy of your child's:

\_\_\_\_\_ **Medical Form**

\_\_\_\_\_ **Immunization Records**

\_\_\_\_\_ **Birth Certificate**

All forms are due by the first day of school.



**PRESBY  
PRESCHOOL**

**Play • Love • Learn**

## **Child:**

Student's First, Middle, & Last Name \_\_\_\_\_

Age by Aug. 1, 2024 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

What are your child's interests? \_\_\_\_\_

Please describe your child's personality: \_\_\_\_\_

Has your child had any previous group experience outside of the home? If so, where? \_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

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

No: \_\_\_\_\_ Yes: (please explain) \_\_\_\_\_

Please note any special food habits, allergies, problems, etc. \_\_\_\_\_

Local Church Affiliation \_\_\_\_\_

## **How did you hear about Presby Preschool?**

a. Friend/word of mouth \_\_\_\_\_

c. 4-H Fair \_\_\_\_\_

b. Website \_\_\_\_\_

d. Other Advertising \_\_\_\_\_

I would like information about Presby Preschool's Scholarship Program. Yes \_\_\_\_\_ No \_\_\_\_\_

## **Parents/Guardians and other adults living in the household:**

1. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation/Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation /Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

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Student's Siblings (Names and ages) \_\_\_\_\_  
\_\_\_\_\_

## **Parents not living in the 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 these on file.)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Class Selection:**

**Registration Form(s) must be accompanied by a non-refundable registration fee.**

**New Student: \$75**

**Returning Families: \$65**

**Each additional child in the family: \$10**

\*Classes are filled on a first come first serve basis.

\*If a class does not have sufficient enrollment, it will not be available, and you will be notified.

\*Presby Preschool admits students of any race, religion, national or ethnic origin.

**Please indicate your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice:**

### **MORNING CLASSES:**

#### **Apple Sprouts (3 by August 1, 2024)**

\_\_\_\_\_ 2 days 9:00-11:30 Th-Fr (\$115/month)

\_\_\_\_\_ 3 days 9:00-11:30 M-W (\$150/month)

#### **Apple Blossoms (4 by August 1, 2024)**

\_\_\_\_\_ 3 days 9:00-11:30 M-W (\$160/month)

\_\_\_\_\_ 4 days 9:00-11:30 M-Th (\$190/month)

\_\_\_\_\_ 5 days **9:00-12:00** M-F (\$280/month)

### **AFTERNOON CLASSES:**

#### **Apple Sprouts (3 by August 1, 2024)**

\_\_\_\_\_ 3 days 1:00 - 3:30 M-W (\$150/month)

#### **Apple Blossoms (4 by August 1, 2024)**

\_\_\_\_\_ 3 days 1:00-3:30 M-W (\$160/month)

\_\_\_\_\_ 4 days 1:00-3:30 M-Th (\$190/month)

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I hereby consent to the enrollment of my child into the preschool program at Presby Preschool. I grant permission for my child to participate in all preschool activities, use all the play equipment, and leave the school premises under the supervision of staff for field trips, either walking or in authorized vehicles. I agree to me or my child being photographed or filmed (this may be used for promotional purposes, i.e. newspaper, website, Facebook, etc.). I agree to comply with the policies and procedures specified in the 2024-25 Presby Preschool Parent Handbook, including the discipline policy, as well as any COVID-specific policies as they become necessary. I agree that Presby Preschool, its staff, and volunteers will not be held liable for any damage, loss, injury, illness, or death related to COVID-19 or any other circumstances.

**I have read, understand, and accept the terms of the above Presby Preschool 2023-24 Registration Form.**

\_\_\_ YES \_\_\_ NO

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_