

REGISTRATION FORM 2025-2026

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, 2025 _____ 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 _____
- b. Website _____
- c. 4-H Fair _____
- d. Other Advertising _____

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 1st, 2nd, and 3rd choice:

MORNING CLASSES:

Apple Sprouts (3 by August 1, 2025)

_____ 2 days 9:00-11:30 Th-Fr (\$126/month)

_____ 3 days 9:00-11:30 M-W (\$165/month)

Apple Blossoms (4 by August 1, 2025)

_____ 3 days 9:00-11:30 M-W (\$176/month)

_____ 4 days 9:00-11:30 M-Th (\$209/month)

_____ 5 days **9:00-12:00** M-F (\$308/month)

AFTERNOON CLASSES:

Apple Sprouts (3 by August 1, 2025)

_____ 3 days 1:00 - 3:30 M-W (\$165/month)

Apple Blossoms (4 by August 1, 2025)

_____ 4 days 1:00-3:30 M-Th (\$209/month)

ALL DAY CLASSES:

_____ 5 days 9:00-3:30 M-F (\$140 **per week**)

_____ 3 yr old class

_____ 4 yr old class

Does not include Breakfast or Lunch (Bring your own lunch)

Does include a snack

Price includes one, two, three, four or five days

May choose which days or all days to attend

(Price remains the same)

Reservations will favor families wanting four or five days

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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, walk to the Chapel, 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 2025-26 Presby Preschool Parent Handbook, including the discipline policy. I agree that Presby Preschool, its staff, and volunteers will not be held liable for any damage, loss, injury, illness, or death in any circumstance.

I have read, understand, and accept the terms of the above Presby Preschool 2025-26 Registration Form.

___ YES ___ NO

Parent Signature _____

Date _____