

LOWER PROVIDENCE PRESBYTERIAN PRESCHOOL REGISTRATION
(Please print clearly)

Student's Name:
Mailing Address:
City and Zipcode.....
Cell Phone Number: (.....)..... Student's Birthday.....
Email address Gender of student 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: (.....).....

2024-2025

Three year old **BLUEBIRDS** class

_____ Mon Wed Fri 9 to 2:00 **\$485**

Four year old **ORIOLES** class

_____ Mon Wed Fri 9 to 2 **\$485**
Wed – Enrichment program included 9 to 11:30

Three year old **CARDINALS** class

_____ Tues Thurs 9 to 11:30 **\$200**
_____ Tues Thurs 9 to 2 **\$325**
Includes 2 days of Lunch Bunch 11:30 to 2

Four year old **STARLINGS** class

_____ Tues Thurs 9 to 11:30 (Wed 9 to 2) **\$350**
Wed - Enrichment program included until 2pm
_____ Tues Wed Thurs 9 to 2 **\$485**
Wed – Enrichment program plus 2 days
of Lunch Bunch

***** Lunch Bunch Program offered Tues / Thurs
11:30 to 2 \$25 per day

Five year old **EAGLES** class Transitional Kindergarten

_____ Mon Tues Thurs Fri 9 to 12:30 **\$485**

Submit the **\$100.00 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:
Lower Providence Presbyterian Preschool Attention: Sandy Messner - Director
3050 West Ridge Pike Eagleville, PA 19403-1581

I agree to pay the stated tuition fee for the specified class program, payable BEFORE the 1st of each month. **The September tuition is due no later than June 1st.** For subsequent months, a **\$15.00 late fee penalty** is assessed if payment is not received by the first of that billable month. I agree to give one month's notice if my child is to be withdrawn from school.

Signed: **Date:**

LOWER PROVIDENCE PRESBYTERIAN PRESCHOOL REGISTRATION
(Please print clearly)

Name of any Preschool previously attended:

How did you hear about our Preschool ?

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

Siblings / Ages

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

Information or concerns that would help us to better understand your child and help meet his/her needs:
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.....
.....

Please circle if any apply to your child:

Early Intervention	Current IEP	
Occupational Therapy	Speech Therapy	Physical Therapy

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Primary Language Spoken at Home.....

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