

PEACHTREE PRESBYTERIAN PRESCHOOL ADMISSION FORM

2009 . 2010

ONE APPLICATION PER CHILD

Child's Last Name _____ Name Child is Called _____

Birthdate _____ Sex: Male Female Currently Enrolled at Peachtree? Y N

Are you enrolling siblings today? Y N Sibling's Name _____ (*Sibling's*) Age Group _____ Days _____

Mother's Name _____ Father's Name _____

Address _____ Zip _____

Home Phone _____ Family email _____

Mobile Phone _____ Office Phone _____

Active members of Peachtree Presbyterian Church? Y N

Does this child have special needs? _____ If so, explain _____

Does this child have any allergies that require prescribed medication? _____ If so, explain _____

Is there anything else we need to know about your child? _____

CHECK AGE GROUP. NUMBER CHOICE OF DAYS IN ORDER OF PREFERENCE

- ___ 2 Year Olds--age 2 by 8/31/09 ___ Tues/Thurs ___ Wed/Fri
- ___ Mon/Wed/Fri (age 3 by 12/31/09)
- ___ 3 Year Olds--age 3 by 8/31/09 ___ Tues/Thurs ___ Mon/Wed/Fri
- ___ Monday--Friday (age 4 by 12/31/09)
- ___ Pre-K --age 4 by 8/31/09 ___ Mon/Wed/Fri ___ Monday--Friday
- ___ Five/Six--age 5 by 8/31/09 ___ Monday--Friday

ADMISSION AGREEMENT

I have attached the NON-REFUNDABLE \$100 registration fee. I hereby agree to pay the tuition in three equal installments due April 15, 2009, November 2, 2009, and February 1, 2010. I understand that tuition is non-refundable except as outlined in the Preschool's limited tuition refund policy as stated in the Registration Handbook, in the Preschool Directory or on the Website (www.peachtreepresbyterianpreschool.org).

Signed _____ Date _____

For office use: Amount Paid _____ Check # _____ Registration _____