

2019-2020 REGISTRATION FOR PRECIOUS PROMISES PRESCHOOL

Date: _____

Child's Full Name: _____ Male _____ Female _____

Name to be called at school: _____ Birth Date: _____

Email: _____

Address: _____
(street) (apt #) (city) (zip code)

Home Phone Number: _____

Mother's Name: _____ Occupation: _____ Cell #: _____

Father's Name: _____ Occupation: _____ Cell #: _____

Program Desired: Please check one line or indicate 1st and 2nd choice

- Preschool 2's** _____ two-day (T/Th)
_____ three-day (M/W/F)
_____ two-day and three-day (M-F)
- Preschool 3's** _____ two-day (T/Th)
(must be toilet-trained) _____ three-day (M/W/F)
_____ two-day and three-day (M-F)
- Preschool 4's** _____ **VPK** three-day (M/W/F) 9:00 a.m. - 2:30 p.m.- Parents must also register with the state.
- Preschool 4's** _____ **VPK** three- day (T/W/Th) 9:00 a.m. - 2:30 p.m. Parents must also register with the state.
- Preschool 4's** _____ **VPK** four-day (M/T/W/Th) 9:00 a.m. - 1:15p.m. Parents must also register with the state.
- Preschool 4's** _____ **VPK** five-day (M-F) 9:00 a.m. - 12:30 p.m. Parents must also register with the state.

Church affiliation _____ Are you a member? Yes _____
(of church listed) No _____

How did you hear about our program? _____

Returning Student? Yes No Please list any siblings attending: _____

Please attach birth certificate, Certification of Immunization, State of FL School Entry Health Exam Form (both sides completed), and registration fee. Checks can be made payable to Precious Promises Preschool. **Registration fees are non-refundable.**

Registration Fees: Two-Day & Three-Day Preschool and paid VPK program - \$125.00
VPK program (eligible students) - No charge

For Office Use Only Date Application Received: _____
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