

# 2025 - 2026 REGISTRATION FOR PRECIOUS PROMISES PRESCHOOL

PLEASE PRINT LEGIBLY

Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Name to be called at school: \_\_\_\_\_

Birth Date \_\_\_\_\_

Mailing Address: \_\_\_\_\_

street

apt #

city

zip

Home Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's cell number \_\_\_\_\_

Father's Cell Number \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Email \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Father's Occupation \_\_\_\_\_

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

Preschool 2's \_\_\_\_\_  
 \_\_\_\_\_ 2-day (T/Th) \_\_\_\_\_  
 \_\_\_\_\_ 3-day (MWF) \_\_\_\_\_  
 \_\_\_\_\_ 2-day & 3-day (M-F) \_\_\_\_\_

Preschool VPK \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3-day Free VPK (MWF)** 9:00a-2:30p - must provide Eligibility Certificate from ELC of Duval - elcduval.org  
**3-day Free VPK (TWTh)** 9:00a-2:30p - must provide Eligibility Certificate from ELC of Duval - elcduval.org  
**4-day Free VPK (M-Th)** 9:00a-1:15p - must provide Eligibility Certificate from ELC of Duval - elcduval.org  
**5-day Free VPK (M-F)** 9:00a-12:30p - must provide Eligibility Certificate from ELC of Duval - elcduval.org

Preschool 3's \_\_\_\_\_  
 must be \_\_\_\_\_  
 toilet trained \_\_\_\_\_

Preschool VPK \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**3-day Parent Paid VPK (MWF)** 9:00a-2:30p  
**3-day Parent Paid VPK (TWTh)** 9:00a-2:30p  
**4-day Parent Paid VPK (M-Th)** 9:00a-1:15p  
**5-day Parent Paid VPK (M-F)** 9:00a-12:30p

Church Affiliation \_\_\_\_\_ Are you a member (of church listed)? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about our preschool? \_\_\_\_\_

Returning Student? Yes \_\_\_\_\_ No \_\_\_\_\_ Please list any siblings attending: \_\_\_\_\_

**Please submit with this form (if not already on file from previous year):**

- \_\_\_\_ Copy of Child's Birth Certificate
- \_\_\_\_ FL Certification of Immunization - signed by pediatrician
- \_\_\_\_ FL School Entry Health Exam Form (complete both sides) - from pediatrician
- \_\_\_\_ Registration Fee (if applicable) - **Registration Fees are non-refundable.**

**Registration Fees:** Preschool 2's, 3's and Parent Paid VPK programs - \$150  
 Free VPK (eligible students) - No charge

**Additional Information** \_\_\_\_\_

**For Office Use Only**

Date Application \_\_\_\_\_  
 Received: \_\_\_\_\_  
 Family Set Up in Smartcare: \_\_\_\_\_  
 Registration Paid: \_\_\_\_\_  
 Directory: \_\_\_\_\_  
 Health Forms: \_\_\_\_\_  
 Labels: \_\_\_\_\_