REGISTRATION FORM FOR FIRST PRESBYTERIAN CHURCH NURSERY SCHOOL 2024-2025

(\$55 non-refundable fee must accompany this form)

Partial Scholarships are available-please request a form upon registration

PLEASE PRINT:

Child's Name	Prefers to be called		Sex
Date of Birth Address			
EMAIL (mom)	(Dad)		
ther's NamePhone			
Address (if different)			
Father's Name F	Phone		
Address (if different)			
***To be eligible to attend, your child must be th or four years old on or bef or	•		ear old classes
MARK YOUR 1 ST AND 2 ND CHOICES:	(one-time Materials Fe	e is due in September)	
Classes for 3/4 year olds: 1 TWO DAY CLASS	9-11:30 a.m. T, Th	(Mat's Fee-\$55)	\$145/mo
OR: 2 THREE DAY CLASS	9-11:30 a.m. M,W,F	(Mat's Fee-\$65)	\$160/mo
Classes for 4/5 year olds: 1 AM 3 DAY CLASS	9:30-12 p.m. M,W,F	(Mat's Fee-\$65)	\$160/mo
4 TH day option (<i>part of AM 3 day class</i>) (dependent upon enrollment)	9:30-12 p.m. T	(Mat's Fee-\$65)	\$180/mo
OR: 2PM 3 DAY CLASS (dependent upon enrollment)	12:30-3 P.M. M,W,F	(Mat's Fee-\$65)	\$160/mo
OR: 3 5 DAY CLASS	9-11:30 a.m M-F	(Mat's Fee-\$70)	\$195/mo
***PRE-SESSION CHILD CARE is	available from 8:00-9:30) a.m. @\$10.00/day	
I wish to enroll my child in pre-session care	:YesNo Days	: M T W TH F Time:_	
CHECK	(ALL THAT APPLY:		
FPC Church Member Currently Attending (this o	child) Previously Atte	nded (name)	
I give my permission for my name	and my child's name to d	appear on the Class Ros	ter.
I DO NOT give my permission for my no	ame and my child's name	to appear on the Class	Roster.
Signature of <u>ALL</u> parents/gr	uardians to be listed on t	the class roster	
			Date