

**FIRST PRESBYTERIAN PRESCHOOL & KINDERGARTEN  
REGISTRATION FORM**

**Application Fee: \$100.00 (non-refundable)**

FOR OFFICE USE ONLY:

Amount  
Received \_\_\_\_\_

Reg. Fee and/or 1st month tuition

Check # \_\_\_\_\_

Date \_\_\_\_\_

Please circle:    Boy or Girl    Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Applying for Admission to:    Twos: Mon./Wed./Fri.\_\_\_\_ Mon.-Fri.\_\_\_\_

*\*excluding the twos, all must be potty trained/ no diapers or pull-ups*

Threes: Mon./Wed./Fri.\_\_\_\_ Mon.-Fri. \_\_\_\_\_

Fours \_\_\_\_\_ Kindergarten\_\_\_\_\_

**Name and address will be published in our handbook unless you specify otherwise.**

Mother's Name \_\_\_\_\_ Cell phone # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell phone # \_\_\_\_\_

Street Address \_\_\_\_\_

City & zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parents' Marital Status \_\_\_\_\_ Custodial Parent \_\_\_\_\_

Child's Siblings & Age \_\_\_\_\_, \_\_\_\_\_; \_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_; \_\_\_\_\_, \_\_\_\_\_

Has your child previously attended a preschool/nursery? Yes \_\_\_\_\_ No \_\_\_\_\_

Reaction to this experience \_\_\_\_\_

Any info about your child or his/her development you feel would be helpful to us  
\_\_\_\_\_

Child's health concerns \_\_\_\_\_

**PLEASE READ CAREFULLY**

Is any member of the immediate family of the enrolling child (parent, grandparent, aunt, uncle or anyone who has legal custody of the child) required to register under the Sexual Offender Registry according to South Carolina law? If the answer to this question is yes, please make an appointment with the Director to review our policy. Yes \_\_\_\_\_ No \_\_\_\_\_

Signature \_\_\_\_\_

