



# Providence Preschool

2024-2025 School Year

A \$130 non-refundable registration/supply fee is due at time of registration.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

City: \_\_\_\_\_ State: NC Zip Code: \_\_\_\_\_ Marital Status of Parents: \_\_\_\_\_

Preferred Telephone Number to Contact you: \_\_\_\_\_

Email Address: \_\_\_\_\_

.....

Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

.....

Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Number: \_\_\_\_\_

.....

Are there any custody concerns: \_\_\_\_\_ If yes, please include a copy of the court document.

Please List any food or environmental allergies: \_\_\_\_\_

\_\_\_\_\_

FOR OFFICE USE ONLY

Date Registration Paid \_\_\_\_\_ Cash/Check Number \_\_\_\_\_ Date enrolled \_\_\_\_\_



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Immunization record up to date? \_\_\_\_\_ Yes \_\_\_\_\_ NO

**Please attach a copy of up to date record**

Please give any information concerning your child's health that we need to be aware of, or is there anything special about your child that you wish for us to know:

\_\_\_\_\_

Name of Child's doctor: \_\_\_\_\_

Office number: \_\_\_\_\_ Address: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

.....

Emergency Contact information and people allowed to pick up your child

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

.....

**Child must be 3 years old as of August 31<sup>st</sup> and fully potty trained.**

**Preschool starts at 9:15 am and ends at 1:15 pm each day**

Which of the following programs are you wishing to enroll in:

\_\_\_\_\_ 3 year olds coming 3 days a week- \$190 a month- **Tuesday/Wednesday/Thursday**

\_\_\_\_\_ 4 year olds coming 4 days a week- \$250 a month- **Monday- Thursday**

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~Tuition is due the first day of each month~

Please sign acknowledging all the information provided is accurate and up to date.

Parent Signature: \_\_\_\_\_

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

In the event of an emergency, I hereby authorize the personnel of Providence Preschool to seek medical attention and treatment for my child.

Parent Signature: \_\_\_\_\_  
.....

## Food Permission

Food items are often brought into the classroom as part of an instructional activity, snack, or a treat. Please mark one choice:

\_\_\_\_\_ My child has permission to participate in food activities under the direction of the teacher

\_\_\_\_\_ My child may not participate in food activities

\_\_\_\_\_ My child has permission to participate in food activities under the direction of the teacher except the following foods: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

\*How did you hear about our program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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