



Providence Preschool/MMO

2025-2026 School Year

**A non-refundable registration/supply fee is due at time of registration. Registration fees:
MMO program \$130.00, 3's program \$140.00, 4's program \$165.00**

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: _____

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

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Children must be 2 years old as of August 31st to attend our MMO program, and to attend our 3's and 4's class, children must be fully potty trained. MMO comes from 9:15am-12:15pm and 3' and 4's come 9:15am-1:15pm.

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

_____ MMO class coming 2 days a week- \$145 a month- **Tuesday and Thursday**

_____ 3 year olds coming 3 days a week- \$225 a month- **Tuesday/Wednesday/Thursday**

_____ 4 year olds coming 4 days a week- \$300 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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