



Providence Preschool

2022-2023 School Year

A \$125 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:

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: _____

.....

Child must be 3 years old as of August 31st 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- \$170 a month- **Tuesday/Wednesday/Thursday**

_____ 4 year olds coming 4 days a week- \$225 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: _____

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