



Providence Preschool & Kindergarten

2021-2022 Registration Form

OFFICE USE ONLY

Date: _____

Reg. Fee: \$50.00

Materials Fee: \$ _____

Payment Type: _____

Child's Name: _____ M/F: _____ DOB: _____ Age on Sept. 1, 2021: _____

Mom's Name: _____ Cell #: _____

Email address: _____

Place of Business: _____

Dad's Name: _____ Cell #: _____

Email address: _____

Place of Business: _____

Home Mailing address:

Authorized persons to pick up child other than parent:

1. _____

Relationship to Child _____

Cell #: _____

2. _____

Relationship to Child _____

Cell #: _____

3. _____

Relationship to Child _____

Cell #: _____

What class are you registering for?

Label your top 2 choices #1 and #2 (for K2 – K4)

Mark your choice.			Monthly tuition
	K5	(4 days) Monday – Thursday	\$325
	K4	(4 days) Monday – Thursday	\$255
	K4	(3 days) Tuesday – Thursday	\$225
	K3	(4 days) Monday – Thursday	\$255
	K3	(3 days) Tuesday – Thursday	\$225
	K2	(4 days) Monday – Thursday	\$255
	K2	(3 days) Tuesday – Thursday	\$225
	K2	(2 days) Monday/Wednesday	\$200
	K2	(2 days) Tuesday/Thursday	\$200

Materials Fee

K2: \$25

K4: \$75

K3: \$60

K5: \$90

Allergies: _____

Does your child have an EpiPen? Yes No

Siblings' names and ages: _____

Do you have a home church? Yes No

If yes, church name: _____

If no, religious denomination: _____

Please list any services your child has ever received or may currently be receiving (speech, occupational therapy, etc.)

Do you feel your child would benefit from being screened to receive services such as speech or occupational therapy?

Additional information that may be useful for us to know to help your child succeed (fears/favorites):

My child's immunization records are up-to-date: Yes No

I am able to provide my child's immunization records or provide a certificate of exemption on or before the start of school.

Parent Signature: _____