



Providence Preschool & Kindergarten

2024-2025 Registration Form

OFFICE USE ONLY

Date: _____

Reg. Fee: \$50.00

Materials Fee: \$ _____

Payment Type: _____

Child's Name: _____ M/F: _____ DOB: _____ Age on Sept. 1, 2024: _____

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. _____ Cell # _____ Relationship to Child: _____

2. _____ Cell # _____ Relationship to Child: _____

3. _____ Cell # _____ Relationship to Child: _____

4. _____ Cell # _____ Relationship to Child: _____

5. _____ Cell # _____ Relationship to Child: _____

What class are you registering for?

Mark your choice.			Monthly tuition
	K5	(4 days) Monday – Thursday	\$350
	K4	(4 days) Monday – Thursday	\$275
	K4	(3 days) Tuesday – Thursday	\$245
	K3	(4 days) Monday – Thursday	\$275
	K3	(3 days) Tuesday – Thursday	\$245
	K2	(4 days) Monday – Thursday	\$275
	K2	(3 days) Tuesday – Thursday	\$245

Materials Fee

K2: \$35
K3: \$50
K4: \$75
K5: \$90

Registration Fee

\$50 per student
or
\$75 per family

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: _____

K4 enrollees: Are you also planning to consider preschool public school as an option? Yes No

Previous schools your child has attended: _____

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

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

Do Not leave this section blank

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: _____