

FIRST PRESBYTERIAN KINDERGARTEN
206 WILLOWBEND ROAD
PEACHTREE CITY, GA 30269
770-487-3699

KINDERGARTEN

5 Day -5's

| |
|--------------------------|
| FOR OFFICE USE: |
| DATE _____ |
| CASH or CHECK # _____ |
| AMOUNT _____ |

REGISTRATION FORM

PLEASE PRINT CLEARLY

CHILD'S NAME: _____ M _____ F _____

NAME CHILD GOES BY _____ DATE OF BIRTH _____

MOTHER'S NAME: _____

FATHER'S NAME: _____

CHURCH AFFILIATION _____

ADDRESS FOR SENDING INFORMATION:

ADDRESS: _____

CITY/ZIP: _____

HOME PHONE NUMBER (_____) _____

CELL PHONE NUMBER: (_____) _____

EMAIL ADDRESS: _____

Please list any developmental delays or concerns that will assist in your child's placement:

PLEASE READ AND SIGN THE STATEMENT BELOW:

A registration fee plus September's tuition is due at the time of registration. I understand that the registration fee is non-refundable unless I move from the community before July 1, 2011. I understand that payment of this fee reserves a space for my child and that I am obligated to notify First Presbyterian Director in writing of any changes in attendance plans by July 1, 2011. **No refunds will be made after July 1, 2011.** I understand and agree to abide by this payment policy and other policies established by First Presbyterian Kindergarten, Peachtree City, GA. I further understand that May's tuition is due September, 2011. I also give permission for my child to be photographed or videotaped for school purposes.

Signature of parent or legal guardian

Date