

Plymouth Wesleyan Preschool

Registration Form

Child's Full Name _____

Date of Birth _____ Age at Enrollment _____

Address _____

City _____ State _____ Zip _____

Mother's Name _____ Occupation _____

Mother's Phone _____ Email: _____

Father's Name _____ Occupation _____

Father's Phone _____ Email: _____

Siblings and Ages: _____

Class Preference: (circle one-All classes are \$90.00 per month.)

3-and-4-year-olds

AM 3/4 Monday, Wednesday & Friday; **9:00-11:15 am**

PM 3/4 Monday, Wednesday & Friday; **12:00-2:15 pm**

Pre-Kindergarten

AM Pre-K Monday, Wednesday & Friday; **9:00-11:15 am**

PM Pre-K Monday, Wednesday & Friday; **12:00-2:15 pm**

Previous School Experience _____

Parent Signature _____ Date _____

Please enclose the \$50 Registration Fee at time of registration. Thank you.

For Office Use Only

Paid

Check #

Date
