PARKWAY PRESCHOOL AND KINDERGARTEN	Parkway Baptist Church Preschool "Active Church Member" 2024-2025 Registration Form						
Child's Full Name: _	Preferred Name:						
Address:							
Male OR Female	Date of Birth:		Age as of 9,	/1/2024:			
Hours of Operat	ion: 8:30am – 12:00p	om (twos) 8:	:30am – 12:15pm (threes	, fours, Kindergarten)			
CLASSROOM ELECTION & TUITION RATES:							
	Indicate order of preference: "1" for 1 st choice, "2" for 2 nd choice, or 1 st available						
	•						
Two Year Olds:	2 years by 9/1/2024:	M – TH (\$294)	M/T/TH (\$258)	_			
Two Year Olds:	2 years by 9/1/2024:		M/T/TH (\$258) le:	_			
		1 st availab					
		1 st availab M – F (\$320)	le:				
*Three Year Olds:		1 st availab M – F (\$320) 1 st availab	le: M – TH (\$269)				
*Three Year Olds: * Is your child <u>p</u>	3 years by 9/1/2024: Presently potty trained?	1 st availab M – F (\$320) 1 st availab /ES or NO	le: M – TH (\$269) le:				
*Three Year Olds: * Is your child <u>p</u> Children enrolled in three	3 years by 9/1/2024: <u>presently</u> potty trained? Notes and older old classrooms and older	1 st availab M – F (\$320) 1 st availab /ES or NO MUST be potty trained. D	le: M – TH (\$269) le:	M/T/TH (\$222) tted in the threes, fours and K classrooms.			
*Three Year Olds: * Is your child <u>p</u> Children enrolled in three	3 years by 9/1/2024: <u>presently</u> potty trained? Notes and older old classrooms and older	1 st availab M – F (\$320) 1 st availab /ES or NO MUST be potty trained. E M – F (\$320)	le: M – TH (\$269) le: Diapers and pull-ups are NOT permit	M/T/TH (\$222) tted in the threes, fours and K classrooms.			

The following MUST be completed at the time of registration to secure enrollment for your child. Enrollment will not be processed without full payment of registration fee. Registration fee is valid for the 2024-2025 school year only and cannot be applied towards tuition. Please use this checklist before turning your documents into the preschool office:

Registration Fee (non-refundable):

\$200 - Registration Fee per child (not to exceed \$350 per family) if paid within d	ates: 01/19/24 – 03/1/24	
\$225 – Registration Fee if paid after date: 03/1/24 (not to exceed \$350	per family)	
General Information Form		
Copy of Immunization Record		
Parent/Guardian Signature:	Date:	
Parent/Guardian Signature: Parent/Guardian Email Address:	Date:	

Office Use Only:	
СНЕСК #	CASH Receipt #
AMOUNT	AMOUNT
DATE/TIME REC'D	REC'D BY Revised 1/19/2024