

## Parkway Baptist Church Preschool 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 Operation: 8:30am – 12:00pm (twos)		m (twos) 8	8:30am – 12:15pm (threes, fours, Kindergarten)			
CLASSROOM ELECTION & TUITION RATES:						
Indicate order of preference: "1" for 1 <sup>st</sup> choice, "2" for 2 <sup>nd</sup> choice, or 1 <sup>st</sup> available						
Two Year Olds:	2 years by 9/1/2024:	M – TH <b>(\$328)</b>	М/Т/ТН <b>(\$287)</b>			
1 <sup>st</sup> available:						
*Three Year Olds:	3 years by 9/1/2024:	M – F <b>(\$355)</b>	M – TH <b>(\$299)</b> M/T/TH <b>(\$247)</b>			
		1 <sup>st</sup> availa	able:			
* Is your child <u>presently</u> potty trained? YES or NO						
Children enrolled in three year old classrooms and older MUST be potty trained. Diapers and pull-ups are <b>NOT</b> permitted in the threes, fours and K classrooms.						
Four Year Olds:	4 years by 9/1/2024:	M – F <b>(\$355)</b>	M – TH <b>(\$299)</b>			
1 <sup>st</sup> available:						
Kindergarten:	5 years by 9/1/2024:	M – F <b>(\$351)</b>				

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 t	o exceed \$350 pe	er family) if paid withir	n dates: 01/19/24 – 03/1/24
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\$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:	
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## Parent/Guardian Email Address: \_\_\_\_\_

Please print legibly. Parkway Preschool reserves the right to evaluate and amend all classroom enrollments for optimal facility operations.

Office Use Only:	
СНЕСК # СА	ASH Receipt #
AMOUNT AI	MOUNT
DATE/TIME REC'D RI	EC'D BY Revised 1/19/2024

\_\_\_\_\_ Date: \_\_\_\_\_