



Winter Park Presbyterian Preschool

2016 - 2017 REGISTRATION FORM

Registration Fee (non-refundable) Infants through 3 years old - \$220.00

Child's Name: _____

DOB: _____ Sex: _____ Nickname: _____

Winter Park Presbyterian Church member: _____ **Other Church Affiliation:** _____

Father's Name: _____

Mailing Address: _____ City: _____ Zip: _____

* Main Contact Number: _____ Cell Phone: _____ Business Phone: _____

E-mail address: _____ Occupation: _____

Mother's Name: _____

Mailing Address (if different from above): _____ City: _____ Zip: _____

* Main Contact Number: _____ Cell Phone: _____ Business Phone: _____

E-mail address: _____ Occupation: _____

Pediatrician: _____ Phone: _____

Does the director have permission to secure treatment for your child in an emergency? Yes No

Persons available to pick up your child in case of illness or accident (other than parents)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Child Must Be Appropriate Age by 9/1/16

<p><u>Program selection:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> VPK Plus Monday through Friday <input type="checkbox"/> VPK Plus Monday through Thursday <input type="checkbox"/> Five Day Three Year Olds <input type="checkbox"/> Three Day Three Year Olds <input type="checkbox"/> Five Day Two Year Olds <input type="checkbox"/> Two Day Two Year Olds M/T <input type="checkbox"/> Two Day Two Year Olds TH/F 	<p><u>Infant & Toddler Programs: Circle Days Desired</u></p> <p>6-14 Months: M T W TH F</p> <p>15-23 Months: M T W TH F</p>
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Fee Paid: \$ _____ CASH CHECK # _____ Date & Time Accepted: _____ Starting Day: _____

I have read *Know Your Child's Child Care Facility* and WPPP Discipline Policy: Signature: _____

