

First Presbyterian Preschool of New Bern
Registration for 2020-2021 School Year



Parent or Guardian Information:

Name _____ Relation to Child _____

Occupation _____ Employer _____

Address _____

Phone Number _____ Mobile _____

Email Address _____

Name _____ Relation to Child _____

Occupation _____ Employer _____

Address (if different from above) _____

Phone Number _____ Mobile _____

Email Address _____

Status of Parents: Living together ___ Living apart ___

Student(s) Information

First Child's Name: _____ Birthdate: _____ Gender: _____

Second Child's Name: _____ Birthdate: _____ Gender: _____

Third Child's Name: _____ Birthdate: _____ Gender: _____

Has your child(ren) ever attended preschool? _____. If "yes," give name/address of previous preschool:

Has anyone in the family previously attended FPP? _____. If "yes," give student name & year of attendance:

Are you a member of First Presbyterian Church? Yes ___ No ___

There is a non-refundable Registration Fee of \$125 due at the time of registration. Families with more than one child enrolling will pay \$125 for the first child and \$50 for each additional child. There will be a one-time supply fee of \$100 per child (excludes MMO attendees). The Supply Fee may be paid at the time of registration but is due no later than August 15th along with the Student Information Forms.

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| <p>Due at registration:</p> <p>First child: \$125 x <u> 1 </u> = <u>\$125</u> Additional children: \$50 x <u> </u> = <u> </u></p> <p style="text-align: right;">TOTAL: <u> </u></p> | <p>Supply Fee: Due August 15th:</p> <p>\$100 x # of children <u> </u> = <u> </u></p> |
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CLASS PREFERRED: Please put child's initials beside the days preferred.

First Installment due August 1st:

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| <u> </u> M-F Tuition | \$290/mo |
| <u> </u> M/W/F Tuition | \$200/mo |
| <u> </u> T/TH Tuition | \$150/mo |
| <u> </u> Transitions (Pre-K only) Tuition | \$410/mo |
| <u> </u> Mothers Morning Out Tuition (T/TH) | \$150/mo |
| <u> </u> Mothers Morning Out Tuition (M/W/F) | \$225/mo |

Parent Signature: _____ Date: _____

Parent Name (printed): _____

Office Use Only:

Date of Registration: _____ Director's Signature: _____

Date Fees Paid: Registration: _____ Check #: _____

Supply fee: _____ Check #: _____

Date Headmaster entered: _____