

## Old Providence PreSchool Application Form

Child's Name

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First

Middle

Last

Names of Primary Caregivers

Relationship to Child


Mailing Address:


Home Phone Number:	
Cell # for:	
Cell # for:	
Work # for:	
Work # for:	

Child's Birthdate:

Month	Day	Year
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**Application for:** \_\_\_\_\_ **3-year-old class** \_\_\_\_\_ **4-year-old class**

I/We have read the policies of Old Providence PreSchool as set forth in the Information Packet and agree to abide by these policies. I am enclosing the Application/Registration Fee of \$45.00.

Signatures: \_\_\_\_\_

\_\_\_\_\_

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