



# Philadelphia Presbyterian Preschool and Transitional Kindergarten

11501 Bain School Road, Mint Hill, NC 28227 704-545-3439 ext.122  
preschool@philadelphiachurch.org www.philadelphiachurch.org/ministries/preschool

Year \_\_\_\_\_  
Dr. \_\_\_\_\_  
Registr. \_\_\_\_\_

## APPLICATION FOR ENROLLMENT

Please fill out this form in its entirety and return it, with your non-refundable registration fee of **\$100.00**, (**\$110.00** if paid online)

Your child's spot in our program is not guaranteed until we have received both the form and fee.

Please indicate the program for which you are enrolling your child:

### 3 YEAR OLDS (*your child must turn 3 before August 31 and be potty trained before attending*)

- 3 Day (Monday, Wednesday & Friday)
- 5 Day (Monday – Friday)
- 2 Day (Tuesday/Thursday)

### 4 YEAR OLDS

- 5 Day (Monday – Friday)
- 3 Day (Monday, Wednesday & Friday)

### TRANSITIONAL KINDERGARTEN

- 5 Day (Monday-Friday)

## Student Information

\_\_\_\_\_  
First Middle Last Date of Birth (mm/dd/year)

Preferred name: \_\_\_\_\_ Gender:  Male  Female

With whom does the child reside?  Mom and Dad  Mom  Dad  Guardian

## Mother's/Guardian's Information

\_\_\_\_\_  
Name Occupation

\_\_\_\_\_  
Address: Street City State Zip

\_\_\_\_\_  
Primary Phone  Cell  Home  Other \_\_\_\_\_ Secondary Phone.  Cell  Home  Other \_\_\_\_\_

\_\_\_\_\_  
Email Address Work Phone

## Father's/Guardian's Information

\_\_\_\_\_  
Name Occupation

\_\_\_\_\_  
Address: Street City State Zip

\_\_\_\_\_  
Primary Phone  Cell  Home  Other \_\_\_\_\_ Secondary Phone.  Cell  Home  Other \_\_\_\_\_

\_\_\_\_\_  
Email Address Work Phone



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## Emergency Contacts

List 3 people who may be contacted (when parents cannot be reached in an emergency) and who are authorized to pick up your child from school. Unless previously arranged, we cannot release your child to persons not listed. **Please list people that reside in town and could be reached.**

Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

## Health Information

**Children must be current on Immunizations. Attach an immunization record to the Medical form that has been completed by a licensed physician.**

Pediatrician's Name	Phone Number			
Address	Street	City	State	Zip

Does your child have any **known allergies**?  Yes  No **If yes, please explain below.**

Is an Epi-pen required?  Yes  No.

Does your child have any other **special health concerns** (asthma, eczema, daily medications, nose bleeds, activities to avoid, etc.)?

## Home Environment

Marital status of parents:  married  living together  separated  divorced  widowed

Does your child have siblings?  Yes  No If yes, please indicate the name, age & gender of each sibling.

Any other adults living in the house?  Yes  No If yes, please indicate the name and relationship to child.



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Any pets living in the house?  Yes  No If yes, please indicate the name and type of pet.

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### Getting to Know Your Child

Please help your child's teacher get to know him/her better by answering the following questions.

Can your child attend to his/her bathroom needs independently?  Yes  No

Does your child have any fears/anxieties?  Yes  No If yes, please explain. \_\_\_\_\_

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Does your child have a special characteristic/habit you would like help with strengthening or changing?

Yes  No If yes, please explain. \_\_\_\_\_

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What are your child's likes and dislikes (please indicate at least one of each)?

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Is there anything else you would like to share with us about your child?

### Religious Information

What is your family's religious affiliation? \_\_\_\_\_

What church do you attend? \_\_\_\_\_

### School Roster

**I DO AGREE** to have my name, home address and phone number be printed on the school roster.

**I DO NOT AGREE** to have my name, home address and phone number be printed on the school roster.

### Consent to Enroll

I do hereby agree to conform to the policies established by Philadelphia Presbyterian Preschool and Transitional Kindergarten. My non-refundable registration fee accompanies this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



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### PHOTO RELEASE

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

We love taking photos! Photos help us capture, document and share moments of learning and play at Philadelphia Presbyterian Preschool and Transitional Kindergarten.

By signing this form, I give Philadelphia Presbyterian Church (PPC) Preschool and Transitional Kindergarten the permission to photograph my child and use his or her picture on any of the following: the church's website, Facebook page, Instagram page, Preschool promotions, and newsletters. PPC Preschool and Transitional Kindergarten will never publish a child's name with any of its publications or on any social media platform. Please complete the following:

- No, **I DO NOT give permission** for Philadelphia Presbyterian Preschool and Transitional Kindergarten to use photos of my children.
  
- Yes, **I DO give permission** for Philadelphia Presbyterian Preschool and Transitional Kindergarten to use photos of my children for class/school projects and to post online.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_



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## Monthly Fees for 2024-2025

**Registration fee: \$100.00/ Cash or Check      Registration is nonrefundable**  
**\$110.00/ Online**

### Monthly Tuition:

	<b>Cash/Check</b>	<b>*Online</b>
<b>Full week: M-F</b>	<b>\$300.00</b>	<b>\$310.00</b>
<b>MWF Students</b>	<b>\$250.00</b>	<b>\$260.00</b>
<b>T/Th Students</b>	<b>\$200.00</b>	<b>\$210.00</b>

\*The Preschool does incur a fee for online processing. To assure that every penny of your tuition goes towards your child’s educational development, if you choose to use the convenience of paying online, you will incur an additional \$10 fee per payment to offset the processing fees.

Cash or check is also an acceptable payment method.

Checks should be made out to **PPPTK**.

**Tax ID #: 560731709**