

LOWER PROVIDENCE PRESBYTERIAN PRESCHOOL REGISTRATION
2026 - 2027

New

Student's Name:

Mailing Address:

City and Zipcode

Cell Phone Number: (.....)..... Student's Birthday.....

Email address Gender of student M F (Please Circle)

Child Lives with: Both Parents Mother Father Stepmother Stepfather Grandparent Guardian

Name of Parent or Legal Guardian:

Father's Name: Occupation:
Work # (.....).....

Mother's Name: Occupation:
Work # (.....).....

Three year old Classes

BLUEBIRDS

_____ Mon Wed Fri 9 to 2 **\$535**

CARDINALS

_____ Tues Thurs 9 to 11:30 **\$260**

Four year old Classes

EAGLES

_____ Mon Wed Fri 9 to 2 **\$535**

Wed – Enrichment program included

STARLINGS

_____ Tues Thurs 9 to 11:30 **\$400**

Wed 9 to 2 Enrichment program included

***** **Lunch Bunch Program \$25 per day**

Offered Tues / Thurs 11:30 to 2

Submit the **\$100.00 non-refundable** registration fee along with this form. Please make your check payable to:

LOWER PROVIDENCE PRESBYTERIAN PRESCHOOL

Indicate your child's name on the check and return it along with this form to:

**Lower Providence Presbyterian Preschool
3050 West Ridge Pike
Eagleville, PA 19403-1581
Attention: Sandy Messner**

I agree to pay the stated tuition fee for the specified class program, payable BEFORE the 1st of each month. **The September tuition is due no later than June 1st.** For subsequent months, a **\$15.00 late fee penalty** is assessed if payment is not received by the first of that billable month. I agree to give one month's notice if my child is to be withdrawn from school.

Signed: **Date:**

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Name of any Preschool previously attended:

How did you hear about our Preschool ?

Notice: The Lower Providence Presbyterian Preschool admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the preschool.

Additional Information

Siblings / Ages

Student physical disabilities, allergies, medical conditions, etc.

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Information or concerns that would help us to better understand your child and help meet his/her needs:

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Please circle if any apply to your child:

Early Intervention Current IEP Occupational Therapy Speech Therapy Behavioral Therapy

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Primary Language Spoken at Home.....

Language (s) your child speaks.....and/or understands.....