



# Orange Presbyterian Weekday School

[preschool@orangepc.org](mailto:preschool@orangepc.org)

540-672-4240

## REQUIREMENTS FOR ENROLLMENT

- Completed Registration Form
- Health Form/Immunization Records
- Proof of Identification (Birth Certificate or Passport)
- Registration fee of \$80 (Registration is non refundable)

## 2024-2025 Registration Form

Registration Fee: \$80.00	Registration fee is due at the time of registration and is nonrefundable. Tuition is due on the first of each month (September - May)	
CLASS	DAYS OF ATTENDANCE	TUITION RATES
<input type="checkbox"/> 3 Year Olds Age 3 by 9/30/24 2 days/week	Tuesday/Thursday	\$155/ month
<input type="checkbox"/> 4 Year Olds Age 4 by 9/30/24 3 days/week	Monday/Wednesday/Friday	\$180/ month
<input type="checkbox"/> 4 Year Olds Age 4 by 9/30/24 5 days/week	Monday - Friday	\$300/ month

Child's Full Name \_\_\_\_\_

Preferred Name \_\_\_\_\_ Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Male / Female

Primary Phone \_\_\_\_\_ Primary Email \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### FAMILY INFORMATION

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mother's Phone \_\_\_\_\_ Father's Phone \_\_\_\_\_

Legal Custody: Both Parents / Other \_\_\_\_\_ Parents: Married / Divorced / Other

Emergency Contact (if parents cannot be reached) \_\_\_\_\_

Physician Name \_\_\_\_\_ Physician Phone \_\_\_\_\_

Has your child had a physical within the last year? Yes / No

Please list any allergies, health concerns, or physical limitations \_\_\_\_\_

Our staff will not administer any medications, except for Epi-Pens. Please provide Epi-Pens in labeled package.