

**LOWER PROVIDENCE PRESBYTERIAN
KINDER KRITTERS REGISTRATION**
(Please print)

Student's Name:

Mailing Address:City and Zip

Telephone Number: (.....).....Student's Birthday.....

Email address Gender 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 # (.....)

In case of emergency, contact:..... Relationship to child:

Phone number: (.....)

See additional required information on page 2

Please indicate desired program:

AM Kindergarten After School Program

Three Day Program \$215.00 monthly

Five Day Program \$345.00 monthly

PM Kindergarten Before School Program

Four Day Program \$280.00 monthly (Wed off)

Five Day Program \$345.00 monthly

Submit the **\$50.00 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:

**Mrs. Lois Mason, Director
Lower Providence Presbyterian Preschool
3050 West Ridge Pike
Eagleville, PA 19403-1581**

Signed:.....Date:

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.

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(Please print)

Additional Information:

Church/Religious Affiliation:.....

Siblings:

Student physical disabilities, allergies, medical conditions, etc.

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

Please circle if any apply to your child Speech Therapy
 Occupational Therapy
 Physical Therapy
 Current IEP

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Primary Language Spoken at Home.....

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