



Enrollment Application

Accredited by the National Association for the Education of Young Children
4602 Cary Street Rd, Richmond VA, 23226 (804) 358-2857

Date: _____ Desired date of enrollment: _____ Birthday: _____

Child's Name: _____
Last First Middle

Home Address: _____ Zip _____

Telephone: _____ Cell/pager: _____

Siblings currently enrolled () or applying for enrollment (): _____

Father's Name: _____ Phone: _____

Business address: _____ Phone: _____

Mother's Name: _____ Phone: _____

Business address: _____ Phone: _____

Are you a member of First Presbyterian Church? _____

How did you find out about our school: _____

Does your child have any special needs? If so, please explain: _____

Group preferred: _____ Days preferred: _____

Application Fee: \$30.00 non-refundable

Parent's signature: _____

For School Use Only

Application date: _____ Amount paid: _____

Signature: _____

Disclosure: First Presbyterian Preschool does not discriminate on the basis of race, color, religion, national or ethnic origin in the administration of its educational policies, admissions, scholarship, employment policies or any other programs administered by the school.