



*Accredited by the National Accreditation Commission for Early Care and Education Programs*  
4602 Cary Street Rd, Richmond VA, 23226 (804) 358-2857 Fax (804) 355-7063  
www.fpcrichmond.org

Date: \_\_\_\_\_ Desired date of enrollment: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Last First Middle

Called by: \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell/pager: \_\_\_\_\_

**Siblings currently enrolled: Name:** \_\_\_\_\_ **Group:** \_\_\_\_\_

**Siblings applying for enrollment: Name:** \_\_\_\_\_ **Group:** \_\_\_\_\_

Father's Name: \_\_\_\_\_

Business address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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: \$50.00 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.***