

PDS PRE-K REGISTRATION FORM 2024-2025

Registration Fee: \$100.00 per student
Due with application (non-refundable)

Supply Fee: \$100.00 per student
Due by May 15 (non-refundable)

PLEASE READ:

- *1 and 2 year olds must be able to walk.
- *3 year olds must be 3 by September 1st. MUST be potty trained.
There will be no exceptions.
- *4 year olds must be 4 by September 1st. NO EXCEPTIONS.

All students must turn in the Immunization Form 121 with application.

OFFICE USE ONLY:

Registration Amount Paid \$ _____

Supply Fee Amount Paid \$ _____

Date Accepted _____

Date of Withdrawal _____

Immunization Form Rec'd _____

PLEASE LIST ALL STUDENTS WHO WILL BE ATTENDING AND CIRCLE THE PROGRAM YOU ARE APPLYING FOR:

Student's Name _____ DOB _____ Male Female
1 year old half day 1 year old all day 2 year old half day 2 year old all day
3 year old half day 3 year old all day 4 year old half day 4 year old all day Transition

Student's Name _____ DOB _____ Male Female
1 year old half day 1 year old all day 2 year old half day 2 year old all day
3 year old half day 3 year old all day 4 year old half day 4 year old all day Transition

Student's Name _____ DOB _____ Male Female
1 year old half day 1 year old all day 2 year old half day 2 year old all day
3 year old half day 3 year old all day 4 year old half day 4 year old all day Transition

Father's Name _____ Cell Number _____

Physical Home Address _____

Mailing Address _____

Place of Employment _____ Business Phone _____

Father's Email Address _____

Mother's Name _____ Cell Number _____

Physical Home Address _____

Mailing Address _____

Place of Employment _____ Business Phone _____

Mother's Email Address _____

Continued on back

Student's Parents are: Married Separated Divorced Deceased

If divorced, which spouse holds legal responsibility for school decisions? _____
(Please submit copies of all court documents regarding custody and educational decisions along with the application.)

The student(s) live with the: Mother Father Both

Name of Church _____

Which most accurately describes your church attendance?

Active Attend Occasionally Children Only Attend Do Not Attend

Has your child ever been suspended, expelled, or asked to leave from any other school? Yes No
If yes, please explain on a separate sheet of paper. Please list the principal/director and name of school.

Describe any illness, diseases or physical disabilities that either have affected or may affect your child's general health, school life, or participation in the school's programs. _____

Are there currently any behavioral, psychological, or educational evaluations, speech or occupational therapy, treatments or interventions? _____

Do we have permission to photograph or video your student(s)? These photographs/videos may be used on the school website, bulletin boards, local news media, newspaper, or social media. Yes No

- If you need to bring your child in earlier than 8:00, there will be a teacher on duty at 7:30. Doors will not open until 7:30.
- Extended Care: 8:00-5:00. THERE WILL BE NO PARTIAL WEEKS AVAILABLE OR DISCOUNT FOR LEAVING BEFORE 5:00. If you stay in extended care you must pay the full amount each month.

Date Submitted _____

ADMISSION POLICY

The School admits students of any race, color, national, and ethnic, origin to all the rights, privileges, and activities generally accorded or made available to students at the school. For students transferring from other schools: School transcripts and records, including standardized tests, must be received by PDS.

AGREEMENT

TUITION IS DUE THE 5TH OF EACH MONTH. YOU WILL NEED TO TURN IN POSTDATED CHECKS DATED THE 5TH OF EACH MONTH FOR THE PAYMENT PLAN OF YOUR CHOICE WITH THIS APPLICATION. A \$35 FEE WILL BE CHARGED FOR ALL RETURNED CHECKS. STUDENTS ARE REGISTERED FOR THE LENGTH OF THE CONTRACT; THEREFORE, TUITION IS NON-REFUNDABLE AND NON-TRANSFERRABLE.

Please check the following before signing:

_____ I understand that if tuition is not paid in FULL by the last day of the month my child will not be allowed to return the first school day of the next month.

_____ I understand that statements will NOT be sent each month. It is my responsibility to make my tuition payment each month by the due date.

_____ I understand that if withdrawing my child from daycare that I must give a two week’s notice before removing my child and submit a letter of withdrawal.

_____ I understand that PDS does not provide or make available accidental/liability insurance.

Payment Due Date Adjustment Request:

If the 5th is not the best day of the month to pay your tuition, please fill out the information below.

Parent’s Name _____

Student(s) Name(s) _____

_____ I would like to pay tuition weekly.

_____ I would like to pay tuition on the _____ of each month.

COMMITMENT

The signature of the parent or guardian on the school's application form constitutes the acceptance of the above conditions and stipulations and is an agreement to make payment as specified by postdated checks for the entire school year.

_____ Date _____
Signature of the person financially responsible for student(s)

Please print student(s) name(s) _____

2024-2025 EMERGENCY INFORMATION
Please list all students.

Student _____ Date of Birth _____

Student _____ Date of Birth _____

Student _____ Date of Birth _____

Family Address _____

Mother's Name	Father's Name
Daytime/Work Number	Daytime/Work Number
Cell Phone	Cell Phone

Physician's Name _____ Phone Number _____

In the event that your child needs to be sent home from school due to an emergency and we are unable to reach you, whom shall we call? **Please list in the order in which we should call.** If you need additional people, please list on the back or on a separate sheet of paper.

Name	Relationship to child	Phone number(s)
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Name	Relationship to child	Phone number(s)
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If you wish to restrict anyone from having contact with your child, please indicate names: _____

Please list all medicines and food allergies to which your child is allergic. Please be specific. _____

In the event that reasonable attempts to contact my designee and me have been unsuccessful, I hereby give consent for the administration of medical treatment deemed necessary by a licensed practitioner, hospital, or emergency treatment center. This does not include major surgery.

Signature of Parent/Guardian _____ Date _____

Field Trip Parental Consent (3 and 4 Year Olds. 1 and 2 year olds are excluded.)

The above student(s) has/have my permission to attend any and all field trips of Presbyterian Day School. I will release the school and anyone associated with the school from responsibility for any injury my child might incur.

Signature of Parent/Guardian _____ Date _____

I authorize the school office to administer Tylenol or Tums to my child/children listed above. **(3 and 4 Year Olds. 1 and 2 year olds are excluded.)**

Signature of Parent/Guardian _____ Date _____

I give my consent to use corporal punishment for the child/children listed above as PDS deems necessary for the correction and training of my child/children. **(3 and 4 Year Olds. 1 and 2 year olds are excluded.)**

Signature of Parent/Guardian _____ Date _____