

# First Presbyterian Preschool

900 Greensboro Avenue; Tuscaloosa, AL 35401  
(205) 758-3223

## 2024-2025 REGISTRATION APPLICATION

Child's Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth (or due date) \_\_\_\_\_ Age on 9/1/24 \_\_\_\_\_

Mother/Legal Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employed by \_\_\_\_\_ Profession: \_\_\_\_\_

Father /Legal Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employed by \_\_\_\_\_ Profession: \_\_\_\_\_

Names and ages of other children \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Family Church \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Do we have permission to contact your physician if we cannot reach parents? \_\_\_\_\_

### Please list any current or past health issues that require special attention:

Condition	Please indicate Suspected or Diagnosed	Treatment/Comments
Allergies		
Medical		
Developmental		
Other		

### First Presbyterian Preschool Staff may release health information about my child to\*:

Name	Relation to Child	Phone Number
1.		
2.		
3.		

\*We are unable to provide even basic information (i.e. fever, rash) to anyone not listed above.

**Helpful Information:**

Is English your Native Language? Yes or No     If No, list primary language \_\_\_\_\_

Does your family need a translator or translated materials? \_\_\_\_\_

Please tell us more about your child including likes, dislikes, fears, pets, and comfort items, etc. so that we may make your child feel as “at home” as possible \_\_\_\_\_

What do you hope your child will gain from this school? \_\_\_\_\_

Please share any family traditions, cultural considerations, or religious beliefs that will help us better serve your family: \_\_\_\_\_

**The following people are authorized to pick-up my child from Preschool:**

Name	Relation to Child	Phone Number
1.		
2.		
3.		
4.		
5.		

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**TUITION SCHEDULE**

Monthly rate: Full-Day (7:15 a.m. – 5:30 p.m.)

**Infants through Threes**                      Five Days (M-F)                      \$670

**Additional Fees:**

Curriculum and Supply Fee	\$120.00/term*
Security Fee	\$125.00/term**
Wait List Fee (non-refundable)	\$25.00***
Registration Fee (non-refundable)	\$50.00/year****
Late Pick-up Fee	\$1.00/minute

\*Fall & Spring terms due in September and February

\*\* Fall & Spring terms due in August and January

\*\*\*Paid by students on wait list; if accepted applies toward Registration Fee

\*\*\*\*Paid each year by students who have been admitted to program