

Orange Park Presbyterian Church Preschool

Enrollment Application 2026-2027

1905 Park Ave Orange Park, FL 32073

Phone: 904-278-0669

Email: amanda@oppresby.com

Child's Name: _____

First

Last

Name child goes by

[] Male [] Female Age: _____ Date of Birth: _____

Month/Day/ Year

Home Address: _____

Street

City

State

Zip Code

Phone Number (1): _____ Phone Number (2): _____

Email Adress: _____

Mother's Name: _____ Father's Name: _____

Enrolling for class: (select one)

If you are a returning family, please enroll your child in the next class up. Skipping a class should only be considered when recommended by the director.

[] **Sunshine:** DOB between August 1, 2024-May 1, 2025/ 3 Day (M-W)

[] **Bumblebee:** DOB between September 1, 2023-July 31, 2024/ 3 Day (M-W)

[] **Rainbow III:** DOB between September 2, 2022 - August 31, 2023/ 3 Day (M-W)

[] **Rainbow IV:** DOB between September 2, 2022 - August 31, 2023/ 4 Day (M-Th)

[] **VPK:** DOB between September 2, 2021 - February 1, 2022/ 4 Day (M-Th)

[] **VPK Plus:** DOB between September 2, 2021 - February 1, 2022/ 4 Day (M-Th w/ extended care)

Rainbow & VPK: If your desired class is full, would you like your child to be considered for a class in the same age group with a different number of days/hours? [] Yes [] No

OPPC Preschool reserves the right to cancel or combine any class not meeting the minimum enrollment numbers. All fees will be refunded for canceled classes.

Date Registered: _____ Registration Fee Paid \$ _____ Supply Fee Paid \$ _____

Check # : _____ Brightwheel Payment: _____

Date

New Student Enrollment Questionnaire

(Returning Students do not need to complete this form)

My child has attended another program. Yes No

My child has been dismissed from a program. Yes No

If yes, please explain: _____

Rate your child in these developmental areas.

1- delayed 2-struggling 3- age-appropriate 4-exceeds

1 2 3 4 Speech

1 2 3 4 Interacting with other children

1 2 3 4 Interacting with adults

1 2 3 4 Respects the rights and property of others

1 2 3 4 Follows directions

1 2 3 4 Attention Span

1 2 3 4 Overall behavior

Teacher Recommendation

Please provide contact information for someone (non-family member) who can provide additional information about your child.

Name: _____

Email: _____

Phone: _____