



**First Presbyterian Church
1 East First Street
Corning, New York 14830
(607) 937-5419**

APPLICATION FOR ENROLLMENT
2016 - 2017

Child's Name: _____ Child's Birth Date: _____

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

Address: _____

City, State, Zip: _____

Home Phone: _____ Work or Cell Phone: _____

A \$40 non-refundable registration fee is due with the application.

All classes meet from 9:00 a.m. - 12:00 p.m. Please enroll our child as follows:

Class	Age*	Tuition**	Monthly***
____ 3-Day - T,W,TH	3	\$1,605	\$187
____ 4-Day - T,W,TH,F	4	\$2,095	\$244

* The child must reach this age before December 2nd.

** Amount payable in two equal payments (due Sept. 1st and Jan. 1st)

*** Monthly payments due by the 1st of each month (Sept. - May)

We wish to apply for scholarship assistance. Weekday Preschool and First Presbyterian Church are pleased to offer "need-based" scholarships.

I (we) wish to enroll my (our) child in the Weekday Preschool.

Parent(s) signature: _____

Please help us by noting how you heard of Weekday Preschool:

____ Friend/Neighbor ____ Yellow pages ____ Newspaper ad Other: _____

For Office Use Only: Date registration fee received _____