



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

APPLICATION FOR ENROLLMENT  
2017 - 2018

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 - Tues, Wed, Thurs	3	\$1,685	\$197
____4-Day - Tues, Wed, Thurs, Friday	4	\$2,200	\$257

\* 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 \_\_\_\_\_