



2024 - 2025 Registration Information

To ensure that your child has a place in the session of your choice, please complete this form and return it along with a **non-refundable \$150 registration fee**, to the school office.

Child's Name _____ Birthdate _____

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Address: _____ Address: _____

Town: _____ Town: _____

Occupation: _____ Occupation: _____

Employed at: _____ Employed at: _____

Business Address: _____ Business Address: _____

Business Phone: _____ Business Phone: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail: _____ E-Mail: _____

I am interested in enrolling my son/daughter in the following session (Please circle one):

T/TH 3's 9-12

T/TH 3's 9-1

M/W/F 3's 9-12

M/W/F 3's 9-1

T/TH 4's 9-12

T/TH 4's 9-2

M/W/F 4's 9-12

M/W/F 4's 9-2

M-F Full Week 4's & 5's 9-12

M-F Full Week 4's & 5's 9-2

Please make your check payable to Prince of Peace Pre-School

I accept my child's enrollment for the 2024-2025 school year as noted above. Attached is my **\$150 registration fee**.

Parent/Guardian Signature _____ (Complete Side 2)

Off. Use Only: Date rec'd _____ Check # _____ Amt. _____ Rec'd by _____



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Person (Not Parent) who may care for your child when they are not in school:

Name: _____ Phone: _____

Names of two local persons who have permission to remove/transport child from Prince of Peace Pre-School:

1. _____
Name Relationship to Child Phone # Cell Phone #

2. _____
Name Relationship to Child Phone # Cell Phone #

* List any individuals with whom your child should **NOT** leave school:

Should Prince of Peace Pre-School need to contact a caregiver during the school day regarding your child, please list **in order** who should be called (and has permission to transport your child):

1. _____ 3. _____

2. _____

Physician to be called in an emergency:

Name: _____ Address: _____ Phone: _____

Dentist to be called in an emergency:

Name: _____ Address: _____ Phone: _____

Child's Allergies: _____ **Asthma:** _____

Is there any food your child should not eat for medical, religious, or personal reasons? _____
If yes, which food(s) _____

Is your child on a special diet? _____

Your child's class assignment, a student information sheet, a developmental questionnaire, an emergency contact form, student physical information, allergy/medication information, a school calendar and tuition schedule will be sent to you in August.