

## PDS PRE-K REGISTRATION FORM 2023-2024

Registration Fee: \$75.00 per student  
Due with application (non-refundable)

Supply Fee: \$100.00 per student  
Due with application (non-refundable)

### PLEASE READ:

\*1 and 2 year olds must be able to walk.

\*3 year olds must be 3 by September 1<sup>st</sup>. MUST be potty trained.

There will be no exceptions.

\*4 year olds must be 4 by September 1<sup>st</sup>. NO EXCEPTIONS.

All students must turn in the Immunization Form 121 with application.

### OFFICE USE ONLY:

Registration Amount Paid \$\_\_\_\_\_

Supply Fee Amount Paid \$\_\_\_\_\_

Date Accepted \_\_\_\_\_

Date of Withdrawal \_\_\_\_\_

Immunization Form Rec'd \_\_\_\_\_

PLEASE LIST ALL STUDENTS WHO WILL BE ATTENDING AND CIRCLE THE PROGRAM YOU ARE APPLYING FOR:

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Male Female  
1 year old half day 1 year old all day 2 year old half day 2 year old all day  
3 year old half day 3 year old all day 4 year old half day 4 year old all day Transition

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Male Female  
1 year old half day 1 year old all day 2 year old half day 2 year old all day  
3 year old half day 3 year old all day 4 year old half day 4 year old all day Transition

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Male Female  
1 year old half day 1 year old all day 2 year old half day 2 year old all day  
3 year old half day 3 year old all day 4 year old half day 4 year old all day Transition

Father's Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Physical Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Physical Home Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Continued on back

Student's Parents are:                      Married                      Separated                      Divorced                      Deceased

If divorced, which spouse holds legal responsibility for school decisions? \_\_\_\_\_  
**(Please submit copies of all court documents regarding custody and educational decisions along with the application.)**

The student(s) live with the:              Mother                      Father                      Both

Name of Church \_\_\_\_\_

Which most accurately describes your church attendance?

Active                      Attend Occasionally                      Children Only Attend                      Do Not Attend

Has your child ever been suspended, expelled, or asked to leave from any other school?    Yes              No  
If yes, please explain on a separate sheet of paper. Please list the principal/director and name of school.

Describe any illness, diseases or physical disabilities that either have affected or may affect your child's general health, school life, or participation in the school's programs. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there currently any behavioral, psychological, or educational evaluations, speech or occupational therapy, treatments or interventions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do we have permission to photograph or video your student(s)? These photographs/videos may be used on the school website, bulletin boards, local news media, newspaper, or social media.    Yes              No

- If you need to bring your child in earlier than 8:00, there will be a teacher on duty at 7:30. Doors will not open until 7:30.
- Extended Care: 8:00-5:00. THERE WILL BE NO PARTIAL WEEKS AVAILABLE OR DISCOUNT FOR LEAVING BEFORE 5:00. If you stay in extended care you must pay the full amount each month.

Date Submitted \_\_\_\_\_

## ADMISSION POLICY

The School admits students of any race, color, national, and ethnic, origin to all the rights, privileges, and activities generally accorded or made available to students at the school. For students transferring from other schools: School transcripts and records, including standardized tests, must be received by PDS.

## AGREEMENT

**TUITION IS DUE THE 5<sup>TH</sup> OF EACH MONTH.** YOU WILL NEED TO TURN IN POSTDATED CHECKS DATED THE 5<sup>TH</sup> OF EACH MONTH FOR THE PAYMENT PLAN OF YOUR CHOICE WITH THIS APPLICATION. A \$35 FEE WILL BE CHARGED FOR ALL RETURNED CHECKS. STUDENTS ARE REGISTERED FOR THE LENGTH OF THE CONTRACT; THEREFORE, TUITION IS NON-REFUNDABLE AND NON-TRANSFERRABLE.

### Please check the following before signing:

\_\_\_\_\_ I understand that if tuition is not paid in FULL by the last day of the month my child will not be allowed to return the first school day of the next month.

\_\_\_\_\_ I understand that statements will NOT be sent each month. It is my responsibility to make my tuition payment each month by the due date.

\_\_\_\_\_ I understand that if withdrawing my child from daycare that I must give a two week's notice before removing my child and submit a letter of withdrawal.

\_\_\_\_\_ I understand that PDS does not provide or make available accidental/liability insurance.

### Payment Due Date Adjustment Request:

If the 5<sup>th</sup> is not the best day of the month to pay your tuition, please fill out the information below.

Parent's Name \_\_\_\_\_

Student(s) Name(s) \_\_\_\_\_

\_\_\_\_\_ I would like to pay tuition weekly.

\_\_\_\_\_ I would like to pay tuition on the \_\_\_\_\_ of each month.

## COMMITMENT

The signature of the parent or guardian on the school's application form constitutes the acceptance of the above conditions and stipulations and is an agreement to make payment as specified by postdated checks for the entire school year.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature of the person financially responsible for student(s)

Please print student(s) name(s) \_\_\_\_\_

## 2023-2024 EMERGENCY INFORMATION

Please list all students.

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Family Address \_\_\_\_\_

Mother's Name	Father's Name
Daytime/Work Number	Daytime/Work Number
Cell Phone	Cell Phone

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

In the event that your child needs to be sent home from school due to an emergency and we are unable to reach you, whom shall we call? Please list in the order in which we should call. If you need additional people, please list on the back or on a separate sheet of paper.

Name	Relationship to child	Phone number(s)
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Name	Relationship to child	Phone number(s)
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If you wish to restrict anyone from having contact with your child, please indicate names: \_\_\_\_\_

Please list all medicines and food allergies to which your child is allergic. Please be specific. \_\_\_\_\_

In the event that reasonable attempts to contact my designee and me have been unsuccessful, I hereby give consent for the administration of medical treatment deemed necessary by a licensed practitioner, hospital, or emergency treatment center. This does not include major surgery.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

### **Field Trip Parental Consent ( 3 and 4 Year Olds. 1 and 2 year olds are excluded.)**

The above student(s) has/have my permission to attend any and all field trips of Presbyterian Day School. I will release the school and anyone associated with the school from responsibility for any injury my child might incur.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I authorize the school office to administer Tylenol or Tums to my child/children listed above. **( 3 and 4 Year Olds. 1 and 2 year olds are excluded.)**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

I give my consent to use corporal punishment for the child/children listed above as PDS deems necessary for the correction and training of my child/children. **( 3 and 4 Year Olds. 1 and 2 year olds are excluded.)**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date