

**Madison Presbyterian Church Preschool
2024-2025 Registration Application**

Child's Name _____ Birth Date _____

Age as of September 1, 2024 _____ Gender Male Female Currently Enrolled at MPCP Yes _____ No _____

Are you enrolling a sibling today? Yes _____ No _____ Name _____ Age _____

Mother's Name _____ Father's Name _____

Street Address _____

City _____ State _____ Zip _____

Mother's Cell _____ Father's Cell _____ Home Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Primary Email Address _____

Additional Emergency Names and Phone Numbers _____

Are you members of the Madison Presbyterian Church? Yes _____ No _____

PLEASE CHECK DESIRED PROGRAM: (INDICATE YOUR 1ST AND 2ND CHOICES)

1-year-old _____ M/W \$165 monthly _____ T/TH \$165 monthly _____ F only \$70 monthly*

2-year-old _____ M/W/F \$215 monthly _____ T/TH \$165 monthly _____ 5 days a week \$340 monthly

3-year-old _____ M/W/F \$215 monthly _____ T/TH \$165 monthly _____ 5 days a week \$340 monthly

Pre-K _____ 5 days a week program \$340 monthly

*Children under 24 months can only attend preschool 2 days a week. If you would like to hold a spot for your child to attend more than 2 days once they turn 2 years old, you will be required to pay tuition for that spot. We will hold a Friday Only Ones Class with enough interest.

Comments: _____

Each child is required to have a current immunization record on file. Religious or personal exemptions will not be accepted.

Please know that enrollment will be based on minimum requirements for each class. This program is registered within the State of Georgia regulations and guidelines as a preschool and not as a daycare. This registration does not guarantee you will be accepted for the days that you apply. If the requested class is full, you will be automatically placed in the next available class. Active Madison Presbyterian Church members and Preschool staff children are considered first. If this is not acceptable, please notify us as soon as possible so that we may promptly fill the position with someone on our waiting list. Please note the preschool teacher's children must be guaranteed enrollment as a benefit of their employment.

_____ I have attached the **\$50 NON-REFUNDABLE** registration fee and agree to pay the first month's tuition, which is non-refundable by **May 1, 2024**. I agree to pay each following month's tuition starting in August by the 1st and no later than the 5th of each month to avoid a late fee.

Signed _____ Date _____

For Office Use Only:

Date received _____ Received by _____ Confirmation sent _____

Amount received _____ Check # _____ or Cash _____

CLASS ENROLLED _____ **WAITLIST** _____