

# Providence Presbyterian Preschool Registration Form 2024-2025

Child's Full Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Best Phone Contact #: \_\_\_\_\_

Best Email Address: \_\_\_\_\_

**Please register my child for the:**

\_\_\_\_\_ 3 year old program (Tu/Wed/Th, \$190 per month)

\_\_\_\_\_ 4 year old program (Tu/Wed/Th, \$190 per month)

Please enclose a \$40 nonrefundable registration fee with this form and mail or bring to the preschool between 9 a.m. & noon, Tuesday-Thursday.

We would love to have you visit us!

Please contact Ashley Jennings for a tour.

**P.O. Box 51, Gum Spring, VA 23065**

**804-556-7960**

Or send inquiries to Ashley at

[ProvidencePresbyterianPreK@gmail.com](mailto:ProvidencePresbyterianPreK@gmail.com)