

**Jamestown Presbyterian Church Preschool
Registration Form 2012-2013
1804 Guilford College Rd.
Jamestown, NC 27282
454-1311**

***Non-Refundable Registration Fee: \$85.00 (10% Discount for Siblings)**

Child's full name _____ Name used _____
Birthdate _____ M _____ F _____
Address _____
City _____
Parent's name _____
Home phone _____ cell _____ e-mail _____

Indicate your 1st and 2nd choice below.

2 and 3 year olds registering must be specified age for requested class by Aug 31, 2012

___ *2 year old 2 day (T/TH) 9-12 \$140.00 per month*

___ *2 year old 3 day (M/W/F) 9-12 \$160.00 per month*

___ *3 year old 3 day (M/W/F) 9-12 \$160.00 per month*

___ *3 year old 3 day (T/TH/F) 9-12 \$160.00 per month*

___ *4 year old 4 day (M-TH) 9-1 \$185.00 per month*

___ *Terrific Thursday extended day until 2:00 for 4 yr olds \$30.00 per month*

___ *4 year old 5 day 9-1 (M-TH) 9-12 (F) \$205.00 per month*

___ *Terrific Thursday extended day until 2:00 for 4 yr olds \$30.00 per month*

___ *Pre-K 5 day 9-1 (M-TH) 9-12 (F) \$215.00 per month*

___ *Monday Funday extended day enrichment class until 3:00 for Pre-K \$45.00
Per month*

***PLEASE COMPLETE AND SIGN ON THE BACK OF THIS FORM**

In consideration of Jamestown Presbyterian Church Preschool(JPCP) accepting my child into the Preschool Program for the 2012-2013 term (September-May), I accept financial responsibility for my child's fees. I understand that tuition is due by the 1st of each month and will incur a late fee after the 10th of the month. Continued non-payment may result in dismissal from the Program.

Signature of Parent or Legal Guardian

Date

-Office Use Only-

_____ ***Registration form and fee received. Date*** _____ ***Check#*** _____
Priority # _____

_____ ***Immunization Records Received***

_____ ***Student Information Sheet***

_____ ***Car Pool Information***