



Denbigh United Presbyterian Preschool

302 Denbigh Blvd. • Newport News, VA 23608 • (757) 898-1043

Registration Form

Please Print

Child's Name _____, _____, _____
Last First Middle

Name which you wish your child to be called: _____

Male Female

Date of Birth ____/____/____ Parent(s) or Guardian(s) _____

Home Address _____
Street City Zip Code

Home Phone Cell Phone Work Phone

Email Address Church Affiliation

- The registration, supply and activity fee must be paid at the time of registration and **is not refundable**.
- Your child must reach the appropriate age on or before September 30 to be eligible for this program.
- **Successful toilet training is necessary to participate in three and four year old classes.** If your child is not toilet trained at the time of registration you will be contacted in August to determine if this requirement has been met.
- **September tuition is due by August 15.** Tuition for October-May must be paid in advance on the first day of each month.
- **Your child's original birth certificate must be viewed** and the number recorded by a school representative prior to your child attending class.
- If you have any questions, please call the preschool office which is open from 9 a.m.-1 p.m. (M-Th).
- You will be contacted at a later date if your child has any special needs or problems that need to be discussed.

My child is toilet trained: Yes No My child has special needs requiring discussion: Yes No

I would like to enroll my child in (please circle your choice):

- 2 ½ year old class 2 day (M/T)
- 3 year old class 3 day (T/W/Th) 2 day (W/Th)
- 4 year old class 4 day (M/T/W/Th)

Signature of Parent or Guardian Date

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For Director's Use Only

Birth Certificate #	State/Country of issue	Viewed/Recorded by	Date Rcvd
<input type="checkbox"/> Health Form Received			
	Exam Date	Viewed/Recorded by	Date Rcvd
R/S/A Fee \$_____	<input type="checkbox"/> Cash	Check # _____	Date _____ Rcvd by _____
Sept Tuition \$_____	<input type="checkbox"/> Cash	Check # _____	Date _____ Rcvd by _____
Total \$_____	<input type="checkbox"/> Cash	Check # _____	Date _____ Rcvd by _____

The registration /supply/activity fee are as follows:

- 2 ½ and 3 year olds – 2 days per week.....\$140.00
- 3 year olds - 3 days per week \$180.00
- 4 year olds -4 days per week..... \$220.00

The monthly tuition rates (for nine [9] months) will be:

- 2 ½ and 3 year olds – 2 days per week program.....\$140.00
- 3 year olds - 3 days per week program.....\$180.00
- 4 year olds - 4 days per week program.....\$220.00

RELEASE OF INFORMATION

I/We give permission to have my/our name(s), address, telephone number(s) and e-mail address published in a school roster for distribution to other school families. This request is made so that the parents in this school may arrange for car pools and play dates. This information will not be given to anyone for any other reason.

Signature of Parent or Guardian

Date